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ABSTRACT

This journal provides abstracts of 150 documents included in the automated data base of Project SHARE, a Clearinghouse for Improving the Management of Human Services. These documents are on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. Abstracts, arranged in alphabetical order by author, include this information: title, publication date, number of pages, order number, and availability. Other parts of the journal are an alphabetical list of corporate authors, alphabetical list of document titles, and a subject index. The index is a guide to the abstracts by specific subject category with cross-references between conceptually related index terms and cross-references from synonyms to preferred terms. (YLB)

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A National Clearinghouse for Improving the Management of Human Services

Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by PROJECT SHARE, a Clearinghouse for Improving the Management of Human Services. PROJECT SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. PROJECT SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each *Journal* announces 150 of the documents included in the PROJECT SHARE automated data base. Additional documents acquired by SHARE are published in bibliographies on selected topics. The documents announced in SHARE'S publications are restricted to those documents actually acquired by PROJECT SHARE and are not meant to provide comprehensive coverage of the field.

How To Use This Journal

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Specific numeric citations (sequential abstract numbers) will follow the preferred index terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

Client referral
155, 156, 187, 207, 290, 291
Client tracking methods
See Integration-oriented keeping of client records
Clothing assistance services
189
COG's
See Councils of governments
College/university research centers
194, 280
Colocation of services
174, 187, 204
Communication and public information services
164
Communication mechanisms (interagency)
See Interagency communication mechanisms
Community/agency relationship techniques
See Agency/community relationship techniques

As can be seen, one document is relevant to at least two of the subject categories – abstract number 187.

(Sequential abstract no.)

187. Pitts, Robert A.
Developing Generic Capability through Welfare Service Integration: Concepts, Alternatives, Limitations.
15 Sep 75, 59p Executive Summary available from PROJECT SHARE.

(Order number)

SHR-0000694 Available from NTIS, PC $7.00/MF $3.50.

In the above examples, we see that abstract 187, entitled *Developing Generic Capability through Welfare Services Integration: Concepts, Alternatives, Limitations,* was written by Robert A. Pitts, that the report was published September 15, 1975, that it is 59 pages long, and that it costs $7.00 for a paper copy (PC) and $3.50 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from PROJECT SHARE or a private publisher, the statement would say "PROJECT SHARE" or give another source and the address. We also note that there is a 6- to 10- page *Executive Summary* of the document available from PROJECT SHARE. The actual abstract of the document would immediately follow these citation data.

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Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or PROJECT SHARE should be addressed to Ms. Eileen Wolff, Project Officer, at the following address:

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Abstracts

201. Abbott, Kathleen.
Community Research Applications, Inc., New York.
Information and Referral Services for the Elderly. Program Development Handbook for State and Area Agencies.
Oct 77, 242p
SHR-0003189 Available from Administration on Aging, 330 Independence Ave., SW, Washington, DC 20201.

This handbook for State and Area Agencies on Aging is one in a series of seven highlighting service areas addressed by the Older Americans Act Amendments of 1973. It covers the importance of information and referral services for the elderly, reviews current Federal legislation affecting these services, and defines core and optional services. The core service components are information and referral. Optional components include followup, advocacy, outreach, escort, and transportation services. A series of alternative models for the delivery of statewide and areawide information and referral services are described and the roles of other State and area agencies in implementing these programs are discussed. The section on establishing the service describes gathering information for the resource file and keeping this information up to date, staffing, telephone systems, walk–in service centers, service provisions, followup, publicity, outreach, the provisions of escort and transportation services, records and reports, planning, and programming for special target groups (minority elderly and those with low incomes or physical disabilities). A series of appendices give the Administration on Aging's minimum service requirements, guidelines for figuring service needs, a questionnaire for assessing existing information and referral services, and detailed instructions for setting up files, following up users, and publicizing the program. An extensive annotated bibliography is included.

202. Abramson, Mark A.
National Research Council, Washington, DC. Study Project on Social Research and Development.
Funding of Social Knowledge Production and Application: A Survey of Federal Agencies. Volume II.
1978, 487p Executive Summary available from PROJECT SHARE.
SHR-0003144 Available from National Academy of Sciences, Office of Publications, 2101 Constitution Ave., NW, Washington, DC 20418.

In 1974, at the request of the National Science Foundation's Science and Technology Policy Office, the National Research Council agreed to undertake a study of the organization and management of social research and development (R and D) throughout the Federal Government. This report is the second of six volumes describing the variety of activities funded by the Federal Government in social R and D. The study survey, conducted between April and June 1976, involved about 180 agencies (any organizational unit of a cabinet–level department and independent agencies whose principal executive officer reports directly to the President). Sources of data include (1) the Office of Management and Budget's "Special Analyses of the Budget of the United States"; (2) the National Science Foundation's "Federal Funds for Research, Development, and other Scientific Activities"; (3) the agencies' Statistical Budget Special Analysis submission for fiscal 1977; and (4) field interviews with each agency. The social R and D activities were classified by policy areas (human resources, community resources, natural resources, and science and technology base), organizational location, and goals or audience. The largest policy area is health, accounting for nearly one–fourth of the total social R and D expenditure; the second largest category is education, accounting for about 20 percent of the total social R and D expenditure. Social R and D activities are reported for the agencies in each cabinet department, along with social R and D activities for independent regulatory agencies

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and independent agencies. The appendix provides a list of recent Federal Commissions. An index of agencies, tabular data, and organizational charts are included. One of a series of six volumes of the Study Project on Social Research and Development. See also Volume I, SHR-0002757; Volume V, SHR-0003010.

203. Adams, Barbara.
United Way of Minneapolis Area, MN.
Battered Women. A Study of Physical Abuse of Women.
Dec 77, 97p
SHR-0002498 Available from United Way of Minneapolis Area, 404 S. Eighth St., Minneapolis, MN 55404.

The Task Force on Battered Women of the United Way of Minneapolis, Minn., area spent over 1 year examining the problem of physical abuse of women—how often it occurs, who is involved, is it a recurring phenomenon, how helping agencies and professionals respond to the problem, and suggestions for change. The study concluded that a large number of women in the Minneapolis Area are physically abused, often repeatedly, by their husbands, boyfriends, and ex-mates. Information on incidence of family violence was gathered from three sources: (1) questionnaires filled out by 1,469 women in the Minneapolis Area, (2) survey of emergency hospital room cases, and (3) review of current case files of a counseling agency. The study also reported that hospitalization was often required, that women of all income and educational levels are being battered, and that battering tends to be associated with unemployment and alcohol use on the part of the abuser. Many of the abused women did not seek outside help. The report concluded that there is inadequate funding for emergency shelters and a need for greater screening of chemical dependency clients for their involvement in family violence. The Task Force concluded the problem of battered women, although important in its own right, is part of the larger problem of violence in families and that increased preventative efforts are needed. Tables, footnotes, and appendices are included. (Author abstract).

204. Advisory Commission on Intergovernmental Relations, Washington, DC.
Categorical Grants: Their Role and Design. The Intergovernmental Grant System: An Assessment and Proposed Policies.
6 May 77, 319p Executive Summary available from PROJECT SHARE.
SHR-0003048 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 050-003-00530-1.

An indepth examination of Federal categorical grants-in-aid provides the primary focus of this report. The development of Federal categorical assistance (dating back to the 1862 Morrill Act) is due in large part to the fact that the Federal Government has the most productive revenue sources within the Federal system. The Federal role in such aid has largely been shaped by Congress which prefers specific, narrowly based grant programs to block or consolidated Federal grants. However, Congress has largely ignored its responsibility for overseeing these programs. Grant allocation formulas are confusing to understand since they can be based on any one of four distinctly different allocation philosophies. In addition, State and local officials find it difficult to comply with the long, and sometimes conflicting, list of national objectives which have become attached to Federal grant programs. Even though all national associations of State and local officials support the concept of block grants and consolidation of existing categorical grants, the power of special interest groups within the Federal system has hampered major progress in this area. Congress and the Executive should carefully consider the choice of allocation formulas and undertake several steps to achieve a greater consolidation of existing categorical grants and greater use of block grants. For example, Con-

gress could give the President the authority to submit consolidation plans subject to congressional approval. Congress could also enact "sunset" legislation, providing for the termination, thorough reassessment prior to expiration, and reauthorization where warranted, of all grant-in-aid programs by functional areas. The Federal government should work closely with State and local governments to ensure that these programs are responsive to recipient needs. Charts, tables, references, and appendices are generally included within each chapter.

205. Agranoff, Robert; Pattakos, Alex; and Tomczak, Jo Anne.
Northern Illinois Univ., DeKalb. Center for Governmental Studies.
Inventory of Mental Health, Developmental Disability and Substance Abuse Services.
Jul 78, 208p Executive Summary available from PROJECT SHARE.
SHR-0003196 Available NTIS PC $13.00/MF $3.50

This computer printout inventory of service agencies, services offered, clients served, and service charges was developed as part of a master mental health plan proposed for an area surrounding the city of Aurora, Ill. The area is officially known as the Department of Mental Health and Developmental Disabilities Planning Area 20607. It serves a consortium of six townships in Southern Kane County and Kendall County, representing a mix of urban, suburban, and rural areas. Before developing goals and recommendations, the Center for Governmental Studies of Northern Illinois University surveyed all existing services in this area. This inventory is the result, and supplies the name of the agency, type of client served, address, geographic area serviced, sources of financial support, auspices (voluntary, governmental, proprietary), hours of operation, methods of obtaining service, age groups served, sexes served, target population, primary purpose of the program, and range of services offered. Information on methods of charging clients, the frequency with which clients are seen, and procedures used to obtain other services from other sources is also included. See also related document, SHR-0003195.

206. Agranoff, Robert; Pattakos, Alex; Tomczak, Jo Anne; Knowles, Alice; and Schuetz, John.
Northern Illinois Univ., DeKalb. Center for Governmental Studies.
Planning for Mental Health, Developmental Disability and Substance Abuse Services.
Jan 79, 199p Executive Summary available from PROJECT SHARE.
SHR-0003195 Available NTIS PC $12.00/MF $3.50

This plan was developed for one of the planning areas designated by the Department of Mental Health and Developmental Disabilities of the State of Illinois, Planning Area 20607. The region centers on the city of Aurora and includes a mix of urban, suburban, and rural areas. Information derived from social indicators, questionnaires sent to providers of mental health services, State statistics, a consumer health survey, and two community forums developed a picture of existing community services for the mentally ill, the developmentally disabled, and those who abuse services. Gaps identified included lack of 24-hour availability for those who are mentally ill or developmentally disabled. Only the substance abuse programs offered evening and weekend hours and 24-hour telephone service. Residential care, educational programs, and substance abuse prevention programs were other identified needs. The goals developed by the survey included greater availability of services in the evening and on weekends, greater integration of service delivery, and specific steps to meet identified needs. This highly statistical report contains tables, listings of available services, statistics on costs and client characteristics, appendices, notes, and references. See also related document, SHR-0003196.

207. Arkansas Dept. of Human Services, Little Rock. Office of Title XX Services.
Comprehensive First Year Effort in Title XX Regional Planning and Needs Assessment in Arkansas.
Oct 78, 135p
SHR-0003101 Available NTIS PC $10.00/MF $3.50

In 1977, Arkansas used the Title XX Comprehensive Annual Services Program Plan (CASPP) to initiate a department-wide planning effort within the Department of Human Services that would reflect the involvement of over 400 State officials, services providers, consumers, and members of the general public. Most of the evaluation questionnaire respondents (68 percent) rated the experience as a viable opportunity that should be continued with some refinement. Many technical problems in implementing this initial effort had been anticipated and most were successfully surmounted. However, several changes should be initiated in future efforts, including the recommendation that State regional task forces be given sufficient time to develop planning deadlines and completion dates. Some professional staff require additional training in planning techniques and regional service team members should be informed of the compatibility of the planning process with their regional responsibilities. Regional and State planning linkages need to be strengthened. Some of the planning participants held exaggerated expectations that the Title XX program could deal with all community problems despite fiscal and Federal program restraints. Community representatives were most enthusiastic about the process and its potentials. The information from the planning process was used to make the Title XX program more responsive to the community through such steps as expanding the categories of eligibility and types of services. Findings are presented in tabular form, and charts and graphs are included.

208. Austin, Michael J.; Skelding, Alexis H.; and Smith, Philip L.
Florida State Dept. of Health and Rehabilitative Services, Tallahassee.
Delivering Human Services. An Introductory Programmed Text.
1977, 445p
SHR-0003143 Available from Harper and Row Publishers, Inc., 10 East 53rd St., New York, NY 10022.

Research into the primary functions performed by human service workers is operationalized in the form of a self-instructional training text for beginning human service workers. The programmed instruction format allows for the use of the text in both agency inservice training programs as well as college human service education programs. The first unit includes a discussion of human service work and identifies the unique characteristics of the consumer, the organization, the human service worker, and the nature of human service work. A second major section is devoted to the process of getting services to people in need, with emphasis on the roles of brokering, consumer advocating, and mobilizing. Ways of helping consumers to function more effectively are considered in a third unit, which includes a discussion of counseling, rehabilitating, and consulting. While these are traditional roles assumed by human service workers, special attention has been given to the development of a supportive, helping relationship. The final unit includes a discussion of managing work to deliver effective and efficient services. Emphasis is given to the management of data in the form of information collecting and processing. The worker's use of supervision is also reviewed. The approach taken in the text is to provide partial bodies of knowledge and practical techniques to be acquired by a learner. Examples are used to illustrate the material, review questions are included at the end of each chapter, with an answer key provided, and under each topic suggestions are offered for further reading.

209. Baker, Frank.
Interface Between Professional and Natural Support Systems.
1977, 10p
SHR-0003176 Pub. in Clinical Social Work Jnl. v5 n2 p139-148 Summer 1977.

There is growing recognition among human service professionals of the existence and importance of an alternate system of help–givers in the community who operate outside of, but parallel to, the established professional care–giving system. Two distinguishable alternative approaches involve self–help organizations and local nonprofessional care–givers. Professionals may take a variety of roles in relation to these natural support systems. They may actually seek to establish self–help groups, offer consultation to already established systems, or may, in the absence of direct interactions with self–help groups, refer patients to these material resources or work indirectly to foster the good works of such natural support systems. Nonprofessional helpers may also play a variety of roles in relation to the professional care system; by offering alternative forms of care and treatment, they play the indirect role of siphoning off some of the flow of patients who tend to overburden professional care–giving systems. They may also play an important role in information and referral. With regard to working closely with professionals, evidence suggests that self–help groups minimize the role of the professional, as compared with more conventional structured social agencies. In systems language, a useful concept for understanding these boundary relationships is that of interface (i.e., an area of contact between one system and another). Available information indicates that a community's natural support system exists as a separate set of individuals and groups from the community's professional care–giving system. However, under ideal circumstances, a natural support system and a professional care–giving system engage in free communication, sometimes collaborating, and complement each other in meeting the needs of community residents through an identifiable number of transactional interdependencies. References are included.

210. Beasler, Herbert Wilton.
Educational Systems Corp., Washington, DC.
Legal Status of Runaway Children.
Apr 75, 407p Executive Summary available from PROJECT SHARE.
SHR-0003163 Available NTIS PC $21.00/MF $3.50

To determine the legal status of juvenile runaways, this project reports on the major statutes, court decisions, and attorneys' opinions on legal problems likely to be encountered by runaway children. This study was undertaken over a 10–month period beginning in July 1974 and covered the 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. During the course of the study, two special field trips were taken, many letters of inquiry were dispatched, and numerous interviews were held with persons working the field to ascertain how statutory and case law works in actual practice, and what changes may be needed in statutory law to meet more effectively the runaway problem. A system devised for the easy codification of State legal materials relating to the legal status of runaway children in the various jurisdictions was constructed in such a way that future use will require minimum legal research to update this material. Topics covered included age and consequences of attaining majority; the runaway child and the juvenile court, public education, social security, and child welfare services; the child's right to consent to medical treatment without parental consent; the runaway child and child labor laws; curfew laws as they affect children; and hitchhiking and statutory rape and the runaway child. Other subjects outlined are drug abuse programs; contributing, harboring or interfering with a minor; legal ability of a minor to marry; the runaway child and the use of tobacco products; use of intoxicating beverages; motor vehicle laws; and the statutory authority to provide treatment alternatives for

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runaway children. Extensive tabular data are provided to depict age of majority in various jurisdictions, child custody rights, court jurisdiction over delinquents, compulsory schooling and residency requirements, characteristics of State plans for aid to families with dependent children, licensure requirements and limitations of child-bearing agencies, and eligibility of a minor for contraceptive services. Bibliography, footnotes, and provisions of the Interstate Compact on Juveniles are provided.

211. Beik, Leland L.
Pennsylvania State Univ., University Park. Center for Research.
Organizing for the Integration of Human Services.
Apr 77, 44p
SHR-0003197 Available from Center for Research, College of Business Administration, Pennsylvania State Univ., 801 Business Administration Building, University Park, PA 16802.

The existence of numerous categorical public agencies and even more numerous private organizations creates problems for both the consumer and for society. Difficulties in locating an appropriate service agency, and one that will continually provide services when needs change, and the time and expense required of clients who must use more than one agency when agencies are not colocated are the deficiencies inherent in the categorical service system. These deficiencies have fostered increasing demands for centralized or integrated organization. This study focuses on some basic theories of organization structure (centralized, integrated, functional, and combination models) as a frame of reference for evaluating integration projects and for identifying obstacles. One demonstration project which has had substantial experience with a combined organization model is the United Services Agency (USA) in Wilkes-Barre, Pa. This model primarily combines public services, and through contracts, compacts, and referrals extends cooperation to private agencies. Through comparative analysis of the structure and operation of the USA, researchers concluded that a way of sorting agencies—private or public, independent, or integrated—into a rational system is needed. For the primary human services system of a State, however, a standard yet flexible model to be adapted to local situations is imperative. The locally integrated but geographically decentralized USA model shows much promise, provided economical and effective adjustments are made in the superstructure for direction and control of the local units. In none of the projects reviewed have substantive plans been developed for the organizational superstructure above the delivery units or their immediate supervisory body. Decentralization of authority and responsibility to the local level in consolidated organizations could improve the system; a comprehensive information system for statewide direction and control could potentially be substituted for some of the present operations in the intermediate layers of management. The study traced the ultimate barriers to efficient and effective organization to the present legal structure together with historical, political, and socioeconomic institutions. The responsibility for becoming the change agent for substantial revision of the system of human services appears to rest directly with the State legislatures and, because of provisions for matching funds, with the Congress. Diagrams illustrate the definitions of the various integration models. References are provided.

212. Benson, Dennis K.; Rindfleisch, Nolan J.; and Washington, Robert O.
Ohio State Univ., Columbus. Coll. of Social Work.
Franklin County Needs Assessment Project.
Jan 78, 226p
SHR-0002864 Available NTIS PC $14.00/MF $3.50

Methodology and results are reported for a needs assessment project for Franklin County,

Ohio. Five data collection methods were used in the project: (1) a data inventory of human service information already existing, (2) a general population survey of 1,650 residents by telephone, (3) special populations surveys of residents who constitute an important but numerically small percentage of the total population, (4) a service providers survey of line workers and their supervisors, and (5) a community leaders and officials survey. While nearly one-half of the general population survey respondents did not think there were any serious problems in their area of town, almost one-third of those who did, identified crime-related matters as serious problems. Among target survey respondents, about 12 percent felt there were no serious problems in their households; however, the other 88 percent identified financial (28.6 percent), health (16 percent), employment (14.1 percent), and housing (12.1 percent) problems as most serious. Key informants identified other communitywide concerns, such as desegregation. Employment and transportation emerged not only as problems in themselves, but also as barriers to access to most other human services. An examination of the barriers respondents faced in trying to obtain services revealed that costs were most frequently mentioned. Needs for housing mentioned included the need for adequate low-income housing and housing for populations of special need, such as the mentally retarded. About 13 percent of the general population and 37 percent of the target population respondents were black. Black respondents as a group had greater need for human services than did white respondents as a group. Samples of forms used in the various data collection operations are provided, along with the data obtained. Revision of a report released in September 1977.

213. Bigel, Madeline K.
Community Research Applications, Inc., New York.
Legal Services for the Elderly. Program Development Handbook for the State and Area Agencies.
Oct 77, 148p
SHR-0003201 Available NTIS PC $10.00/MF $3.50

The elderly have the same legal problems as the rest of the population but in addition, they must deal with complex government benefits; confrontations with guardianship, conservatorship, or involuntary commitment procedures because family or friends feel they are becoming mentally frail; and may have problems with credit, employment, and medical claims. Legal services can be provided by lawyers, paralegals, or community service advisors through a variety of organizations including legal service agencies, law school programs, public interest law firms, the American Civil Liberties Union, the Practicing Law Institute, the Institute of Continuing Legal Education, the National Legal Aid and Defender's Association, and the National Lawyers Guild. This handbook defines legal services for the elderly and describes a number of alternative models for providing such services. These models use a variety of existing agencies plus innovative strategies. State agencies play an important role in establishing such legal services, identifying legal resources within the community, acting as a coordinator, and obtaining the necessary cooperation from bar associations and other legal organizations to set up innovative programs. Day-to-day program operations are also discussed, including recordkeeping, publicity, special program needs, and staff training. An annotated bibliography is included, along with appendices containing descriptions of operating programs, a questionnaire to assess needs, job descriptions and qualifications, a bibliography of training materials on law and the elderly, and a listing of important areas of concern. One of a series of service-specific Handbooks by the Administration on Aging.

214. Bishop, John.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Jobs, Cash Transfers and Marital Instability: A Review of the Evidence.

214.

14 Oct 77, 48p
SHR-0002919 Available NTIS PC $6.00/MF $3.50

The impact of welfare reform on marital stability is reviewed in this 1977 compilation of written testimony to the Welfare Reform Subcommittee of the U.S. House of Representatives. The proposed public policy designed to strengthen families called for expanding eligibility for welfare benefits to include two–parent families. However, when this policy was implemented experimentally, the resulting marital dissolution rate among two–parent families of up to 70 percent was higher than that of the control group, which is included in current income maintenance programs. To improve the financial circumstances of low–income families without stimulating marital breakups, an accompanying job strategy must be designed to provide more jobs for the unskilled and drive up the wage rates for these jobs. Moreover, two–parent families should receive aid that requires no contact with the welfare bureaucracy, unlike aid received by single–parent families. Possible approaches to subsidizing low–range workers who have family responsibilities include creating nonstigmatizing jobs for family heads and instigating national health insurance, and providing a refundable tax credit for children, training programs, and higher minimum wages combined with employment subsidies. Studies and statistical data analyze the effect of unemployment and the earnings of husbands on marital stability, the effect of making welfare payments to intact families, the impact of and negative income tax experiments, and the reasons for the implications of increasing marital instability among supported families. Notes and references are provided. Written testimony to the Welfare Reform Subcommittee of the Committees on Agriculture, Education and Labor, and Ways and Means of the U.S. House of Representatives, October 14, 1977.

215. Block, A. Harvey; and Richardson, David.
Project SHARE (HEW), Rockville, MD.
Developing a Client Based Feedback System: For Improving Human Service Programs and the Mock County Experience.
Feb 79, 106p
SHR-0101001 Available NTIS PC $9.00/MF $3.50

Procedures for the development of a client–based feedback system for application to the improvement of human service programs are detailed, and a typical developmental experience using the procedures is reported. Two conditions essential to the systems approach improvement program are system articulation and feedback strategies. All functions of an organization must be articulated by statements that define inputs, processes, and outputs. Feedback is a two–part cyclical process consisting of program accomplishment evaluation and the initiation of corrective action. Initiating corrective action brings about changes in the attainment of strategies and objectives which are evaluated; and further corrections then are made, if necessary. Evaluation is the ongoing analysis of this feedback process to determine program effects. In developing a client–based feedback system, important considerations are defining program objectives and strategies (policy and strategy articulation), determining information requirements (program effectiveness, impact, and efficiency), and developing an information system (role of the information specialist and rules for developing a feedback system). These considerations are applied in the development of an approach to formulating a client–oriented feedback system that improves human service programs. The emphasis is on client–based information systems that incorporate feedback and the systems approach; data processing programs; the identification of agency policies and strategies; the selection of measures for program impact; effectiveness; and efficiency evaluation; and the specification of reports for line staff, supervisors, and managers in human

service agencies. Data and illustrations are included. Numbers 10 and 11 of Project SHARE's Human Service Monograph Series bound together.

216. Booz-Allen Public Administration Services, Inc., Washington, DC.
Purchase of Social Service. Study of the Experience of Three States in Purchase of Service by Contract Under the Provisions of the 1967 Amendments to the Social Security Act.
29 Jan 71, 186p Executive Summary available from PROJECT SHARE.
PB-197 582 Available NTIS PC $12.00/MF $3.50

The way in which California, Pennsylvania, and Wisconsin have handled the program of service purchase, initiated following passage of the 1967 Amendments to the Social Security Act, is examined. The study was designed to investigate the nature and extent of the current purchase of service programs; to examine the methods used for assuring control of quality, quantity, and costs of services; and to evaluate findings in terms of guidelines for Federal requirements, standards, and guides for use by the States in undertaking a purchase of service program. A profile of findings on the States' experience with purchase of service is presented, divided into the following sections: (1) the nature and extent of services purchased, (2) the factors that favor or inhibit contracting for services, (3) the source of the 25 percent matching funds, (4) the methods used for determining quality and quantity of service, (5) the contract monitoring problem, (6) the cost determination problem, (7) the problems of managing purchase of service contracts, and (8) the results achieved. Examination of the findings reveals the following areas in which improvement is needed: (1) establishment of the role of purchase of service in the total delivery system; (2) methods for establishing and maintaining appropriate levels of service quality and quantity; (3) better control of the cost of service; (4) a management structure within the public agencies to supervise contractor activity; (5) strengthening and expanding of the contracting base; and (6) better coordination between public and private segments of the total community service. A master service analysis plan which addresses these fundamental problems is presented. The appendix provides descriptions of particular services analyzed. Tabular and graphic data are provided.

217. Borrero, Michael.
Connecticut Univ., West Hartford. School of Social Work.
Assessment of Joint Degrees in Social Work and Administration: Better Managers or One More Pawn. Part 2.
1978, 11p
SHR-0003070 Pub. in Administration in Social Work v2 n2 p149-159 Summer 1978.

This article examines the trend toward joint degrees in social work and administration by concentrating on several joint-degree programs. Although modern management methods held in great esteem since World War II are no longer considered a panacea for business problems, government officials are increasingly interested in them. Thus, schools of social work have responded to this interest by offering management courses, concentrations in social work administration, or joint degree programs with schools or departments of business or public administration. The Federal government has encouraged joint-degree programs. A study of six different such programs follows in which researchers learned from onsite visits that the programs were established to meet the demand for better trained social work administrators, and to prevent other professional schools from producing managers of social welfare agencies. The courses generally took 2 to 3 years to complete and were implemented by replacing social work electives by business or public administration requirements. This practice prevented diluting the social work program, but students report

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problems with opposing professional outlooks and values. Programs also required 1 to 2 years of fieldwork, and agency administrators are happy to work with these students. However, most programs are too new to have fully developed fieldwork programs. All programs also required separate admissions to social work and administration departments, although fees and letters of recommendation did not have to be duplicated. Although such joint degree programs are too new for definite conclusions, evidence indicates that benefits to agencies and the social work profession outweigh their costs. See also Part 1, SHR-0003071; Part 3, SHR-0003069.

218. Bradley, Valerie J.; Allard, Mary Ann; and Liegey, Anne L.
Human Services Research Inst., Washington, DC.
Guide to Federal Housing Programs for the Mentally Disabled.
1978, 129p
SHR-0003138 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-024-00727-7.

This guide gives specific directory and reference information about various Federal housing assistance programs, discusses their relevance for the mentally ill, and proposes strategies for procuring funding from these programs. The guide opens with a descriptive overview of Federal housing programs potentially relevant to the creation and support of residential options for the mentally ill, treating specific areas of housing assistance, and listing the legislative authorization and level of appropriation where applicable. The guide then deals with funding alternatives for specific residential options and types of residential programs are grouped under generic categories: individuals living alone or with a roommate, individuals living in small groups, and individuals living in care facilities. Three major sections coincide with the generic living arrangements described and are further broken down into actions which an individual client or agency can take to secure housing. These actions include assisting single clients to find housing, developing small group living arrangements in existing facilities, constructing new housing, and so forth. Under each of these approaches, specific options are noted along with summary statements regarding the funding source, auspices, eligibility, prerequisites, and indications of the appropriate section outlining strategies for State and local agencies to use in security funds. Information is included on other avenues of Federal funding, the role of the State mental health authority, participation in the local housing planning process, steps necessary to secure housing assistance payments, advice on building, and suggestions on zoning and other residential restrictions. A glossary, bibliography, and other appendices are included in the guide. (Author abstract modified).

219. Brager, George; and Holloway, Stephen.
Columbia Univ., New York. School of Social Work.
Changing Human Service Organizations. Politics and Practice.
1978, 244p
SHR-0003052 Available from Free Press, 866 Third Ave., New York, NY 10022.

This handbook is intended to help low–level and middle–level human service workers, such as social workers, nurses, teachers, and department heads, make practice and policy changes in their organizations. Such workers often find themselves in a dilemma; although they usually are in the best position to know the bad effects of certain practices of their organizations, they often feel powerless to make changes and must watch bad services continue with mounting frustration. However, if the workers are able to isolate themselves from this dilemma, they would be able to change what is bad. Instruction for dealing with this problem begins with

an overall account of organizational change, including discussion of the structure, complexities, and problems of organizations, especially human service organizations. The array of political, financial, and ideological forces affecting human service organizations is considered to show how they may predispose or indispose the organization to change. A discussion of tactics includes strategic considerations that a change agent would need to garner support, neutralize opposition, influence superiors, and otherwise be successful. Finally, drawing on psychology, sociology, and especially management theory a practice model is provided to illustrate how change occurs and help the worker assess the feasibility of his plans, as well as implement them successfully. This practice section is heavily illustrated with case examples from human service organizations where change was successfully introduced by professionals below top management, but methods are applicable for low-level and middle-level workers in any business. Charts and an index are included.

220. Brager, George; and McLaughlin, Megan.
Columbia Univ., New York. School of Social Work.
Training Social Welfare Managers: Social Work-Business School Cooperation.
Sep 78, 130p Executive Summary available from PROJECT SHARE.
SHR-0002995 Available NTIS PC $10.00/MF $3.50

This group of papers on joint programs of social work and business schools, designed to train social welfare managers, describes the program at Columbia University in New York; reviews critical issues generated by joint ventures of this kind; and discusses substantive issues affecting planning and management training. Columbia University began its joint program in 1975. Students can obtain a master's degree in social work with a minor in administration or a master's in social work and a master's in business administration by taking a required program of courses in both schools and participating in fieldwork. This kind of program can expand students' employment opportunities, ensure that public service jobs will be administered by managers having social work backgrounds, and conserve financial resources for the university. However, joint programs also have several disadvantages. Implementation is difficult since administrative conflicts inevitably occur concerning scheduling, registration, admissions, and grading policy; it is not clear whether the programs encourage or inhibit identification with social work in contrast to business or whether students are more likely to adopt values associated with social work or business as a result of their training. The Center for Community Planning and Consultation is an innovative fieldwork model program which evolved within the Columbia joint program. In it students act as consultants and work in teams. A consulting contract is negotiated among team members and the consultee, a social services agency professional, for the purpose of making some aspect of the consultee's professional responsibility more effective. The concluding papers stem from training sessions for joint program students and center personnel. They discuss the need to refocus management training and prepare social workers for entry-level practice positions, the organizational dynamics of business with a focus on how middle-level managers seek to increase organizational influence, and the Client Information Impact System (CIIS) for the New York Henry Street Settlement. CIIS gathers clients' perceptions of the agency services and feeds them back to program administrators. References are provided for the individual papers.

221. Brinson, Paula; and Mann, Curtis.
Information Center of Hampton Roads, Norfolk, VA.
Information and Referral: How To Do It. Volume II.

221.

1975, 984p
SHR-0003102 Available from Administration Center of Hampton Roads, 500 East Plume St., Norfolk, VA 23510.

The Automated Community Services Information System (ACSIS), developed by the Information Center of Hampton Roads, Virginia, is described in this manual. Major topics covered are data preparation, card and file layouts and descriptions, system flowcharts, procedures, the operation control language, agency services, and descriptions of output reports. ACSIS is an electronic data processing application for collecting, classifying, storing, and retrieving data relating to the human services delivery system. Run on a System / 3 IBM Model 10 computer, ACSIS provides the user with the capability to inventory the agencies or agency programs by any combination of parameters on the data base, to match the consumer's demand for services with the region's supply and provide the answer in "real time," to provide a profile report of every agency on the data base, and to provide statistical reporting by consumer or Information Center operational characteristics. For indexing purposes, ACSIS assigns a digit code to programs classified in a scheme derived from that used by the United Way of America. Agency data are collected, coded, and keypunched into cards and data relating to predefined agency directory information, characteristics, eligibility parameters, and services are loaded to an online disk file. From this data base, a five-section agency report is produced for each agency. This manual also discusses machine configurations and software requirements, the implementation plan, and the Hampton Roads identification system and inquiry program. Steps in data preparation are also outlined, such as the general coding rules. Appendices contain information on facility codes, the identification system codes, name and number index forms, and examples of file maintenance reports. See also related documents, Volume I, Parts 1-4, SHR-0000817—SHR-0000820. This volume is in three parts.

222. Brody, Elaine M.
Philadelphia Geriatric Center, PA. Dept. of Human Services.
Long-Term Care of Older People. A Practical Guide.
1977, 402p
SHR-0003051 Available from Human Sciences Press, 72 Fifth Ave., New York, NY 10011.

Concerned primarily with those older people who find their way into congregate facilities of an institutional nature, this book focuses on the social aspects of institutional care, with the overall goal of improving services in long-term care facilities. The first section explains what is meant by long-term care, while the following section sets the context for meeting social needs of older people requiring long-term care. A historical perspective of the development of long-term care is provided, along with a review of factors accounting for the growth of different types of facilities, a discussion of how referral decisions are made, a description of the goals and target population of long-term care, and a summary of demographic, health, and social characteristics of older people in long-term care facilities. In the next section, a step-by-step examination is provided of the processes of institutionalization, from the first inquiry about admission through the period of residence and death or discharge. Case material and various forms and protocols are used illustratively and research findings are summarized and integrated wherever they have implications for practice. Chapters within this section deal with meeting social needs of residents and families and specifically with the role of social work. The final section is concerned with issues of care and treatment as well as broad social issues, including the ideal nature of facilities, identification of people who should live in them, the mix of services, the mix and match of residents, new roles for the institution vis-a-vis the community, personnel training, and the size, locale, and design of facilities. Various types of experimental treatment programs are also summarized. Both subject and name indices are in-

cluded, along with reference notes, the text of a booklet given to families at the Philadelphia Geriatric Center, and social work services forms. One of Human Sciences Press Gerontology Series. Major revision of guide published in 1974.

223. Budson, Richard D.
Harvard Medical School, Boston, MA. Dept. of Psychiatry.
Psychiatric Halfway House. Handbook of Theory and Practice.
1978, 278p
SHR-0003470 Available from University of Pittsburgh Press, 237 N. Bellefield Ave., Pittsburgh, PA 15260.

In the 1970's, the courts for the first time defined the right of mental patients to live in the community in the least restrictive setting feasible. In response to these legal and other influences, mental health professionals are attempting to discharge those incarcerated and to avoid institutionalizing new patients. Effective community treatment is the goal for these patients. To provide theoretical and practical guidance for one effective community treatment approach to the mentally ill, this book discusses the psychiatric halfway house as a social system modeled on the family. The dynamics of a healthy family are discussed as the family provides a structure for assuming increasing responsibility while providing an intimacy that facilitates dealing with problems in interpersonal relationships and maturation. The model of the psychiatric halfway house presented seeks to apply the values of the family system to the needs of the mentally ill as they attempt to adjust in the community. A detailed plan for establishing and operating a psychiatric halfway house is presented, including the addressing of such issues as staffing, selection of house residents, programs, length of stay, and ancillary services. Legal problems, such as zoning regulations, and problems of community relations are discussed as issues that must be confronted in the establishment of a halfway house in a community. A model building code and zoning law is included as a guide for those in local and State government who wish to provide quality community care without adversely affecting neighborhoods. Particular attention is paid to the structure for the operation of community–based mental health services in Massachusetts. Berkley House, a halfway house program established by the author, is described, and its impact on former residents is evaluated. A bibliography is provided.

224. Bumpass, Larry; and Rindfuss, Ronald.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Children's Experience of Marital Disruption.
Aug 78, 32p
SHR-0003131 Available NTIS PC $6.00/MF $3.50

Following a review of literature on the impact of marital disruption on children, this paper addresses three questions: (1) What is the cumulative probability that by a given age a child will have experienced a single–parent family as a consequence of marital disruption; (2) Given marital disruption, what is the cumulative probability that the mother will have remarried within a given number of years after the disruption; and (3) What is the average duration of experience in a single–parent family. Based on data from the 1973 Family Growth Survey, a national probability sample of 9,797 women under age 45 who had ever been married or who at that time were mothers who had never married, estimates indicate that over one–third of all children spend a portion of their childhood when their mothers are between marriages. Most of these children will eventually be part of a second marriage. The average time spent "between marriages" before 18 is four and a half years, and for a substantial minority, the period before remarriage is much longer. Data indicate that a majority of black children born to ever–married mothers experience marital disruption. Such disruptions tend to occur at younger ages

and to last much longer than is the case among whites. The primary difference made by education is a shorter duration of disruption among the children of mothers who completed high school, but did not attend college. There is a strong relationship between the age of the mother at disruption and how long the disruption lasts. In spite of the fact that children of older mothers tend to be older at the time of disruption, they still spend considerably longer in the single-parent status before their mother remarries or before they reach their 18th birthdays. While no extensive interpretations are given on the data presented, the findings suggest that sociologists need to examine fully the consequences of the new realities of family life for children. Tabular data and references are provided. Paper presented at the annual meeting of Population Association of America, April 13-15, 1978, Atlanta, GA.

225. Burchell, Robert W.; and Sternlieb, George.
Rutgers-The State Univ., New Brunswick, NJ. Center for Urban Policy Research.
Planning Theory in the 1980's. A Search for Future Directions.
1978, 418p
SHR-0003044 Available from Center for Urban Policy Research, P.O. Box 38, New Brunswick, NJ 08903.

Insight into directions for city planning theory in the next decade is provided by experienced theorists and practitioners in the field. Components of physical planning (i.e., the role of environmental planning) are examined through a discussion of land use to assure ecological determinism and to promote a workable environment. Physical planning in the 1980's is viewed as being dominated by environmental determinism; traditional planning / regulatory vehicles will be sought to interpret the physical environment, and planning solutions or planning principles will mold the built environment. Components of social planning contain three distinct emphases: (1) the relationships of social planning to social science, (2) the evolution and adaptation of advocacy planning, and (3) the emergence and identification of new social service client groups. In the next decade, social planning theory will continue to be concerned with the voices affecting policy and the balancing of those voices to better assist persons unable to be heard. Social planners will consistently be involved in the advocacy of major economic system changes if their objectives are not achieved or achieved at less than adequate pace. Future public policy planning is viewed from the perspective of macroplanning versus local control. The bulk of policy planners continue to view planning as a legitimate policymaking activity intimately involved with decisionmaking in its active or implementation mode; yet effective roles for influencing policy will be increasingly difficult for planners. Economic planning in change is examined from the perspective of national planning and demand versus supply emphases. What future planners will do, and how they will be prepared for their tasks are topics considered in the final section of the presentation. A bibliography is provided.

226. Bureau of Health Manpower, Hyattsville, MD. Div. of Nursing.
Nurse Practitioners and the Expanded Role of the Nurse.
Nov 78, 251p
HRP-0500601 Available NTIS PC $15.00/MF $3.50

Fifth in the National Health Planning Information Center's "Nurse Planning Information Series," this bibiliography comprises much of the literature prepared by individuals, organizations, and agencies on nurse practitioners and the expanded role of the nurse. It includes citations and, if available, abstracts of documents identified from literature searches of the files of the Center, the National Technical Information Service, Medline, and other automated and manual sources of information. Although extensive, this bibliography is not exhaustive. Addi-

tionally, its usefulness may depend on the user's prior knowledge of the subject and need for special types of reference materials. The references are arranged into five broad categories—expanded role, education, acceptance, evaluation, and health care delivery and manpower planning. The concept of the role is covered by general information on the different types of nurse practitioners and areas of practice. Citations on the education of practitioners span a continuum from informal continuing education programs to formal academic programs. Reference material on studies about patient and physician attitudes toward nurse practitioners and barriers affecting the nurse practitioner's practice provide information on acceptance of nurse practitioners. Insights are provided as to the cost–effectiveness of using a nurse practitioner, their potential impact on health care delivery, and their level of performance in managing patient care. Finally, information is provided about several issues relevant to health care delivery and manpower planning. All references include availability sources. (Author abstract modified). Nurse Planning Information Series, Volume 5. See also Volume 1, HRP-0500101.

227. Burt, Marvin R.; and Balyeat, Ralph R.
Burt Associates, Inc., Bethesda, MD.
Comprehensive Emergency Services System for Neglected and Abused Children.
1977, 92p
SHR-0003053 Available from Vantage Press, Inc., 516 W. 34th St., New York, NY 10001.

In 1970, efforts were begun to improve the care of neglected, dependent, and abused children in Nashville and Davidson County, Tenn. To bring about a successful coordination and reorganization of services to these children, a new system was developed—the Comprehensive Emergency Services System (CES), for which HEW and other Federal agencies provided funds for a 3–year demonstration program. In this study of the new system, the program is evaluated by comparing the treatment of specific cases under the old system to treatment under the new system and by utilizing a quasi–experimental design termed a "time–series experiment." The results of this evaluation show that the following objectives of the CES program were achieved: (1) reducing the number of neglected and dependent petitions filed and the number of children subjected to the system by screening out those cases in which a petition is not justified; (2) keeping the child in his home or a family environment until a thorough study can be conducted and the disposition of the court case decided; (3) placing a child in a stable environment where he can adjust, where he will not become neglected, and where he will not become delinquent; and (4) operating the system effectively to minimize the cost of achieving all of the preceding objectives. It is recommended that the CES system should be continued, implemented in other communities, and publicized throughout the nation. Data collection forms, charts, graphs, and tables accompany the text.

228. Butterworth, Ross; and Reinert, Anne.
Clarion County Office of the Commissioners, PA.
Case Study of the Clarion County Human Resources Development Commission.
30 Jun 78, 35p
SHR-0003182 Available NTIS PC $6.00/MF $3.50

This case study examines the coordination of human services in Clarion County, Pa., as undertaken by the county commissioners with the aid of the Human Resources Development Commission (HRDC). After formation of the HRDC, Clarion County was designated one of five demonstration projects for services coordination in the State. Following a presentation of the history and formation of the HRDC, the functions of the HRDC are discussed. The HRDC, which provides for a coordinated comprehensive human serv-

ices system designed to encourage the involvement of the public, is based on the belief that increased involvement by the public in the human services enterprise will improve the credibility of the service system in the county. By involving appointed representatives of the citizenry and service agencies, a cooperative approach to the delivery of human services is being used to establish accountability and improve the administration and delivery of services. As outlined in the bylaws, specific objectives of the HRDC are as follows: (1) provide county commissioners with a monitoring mechanism to identify and assess existing human resources and recommend service priorities; (2) provide county commissioners with a planning mechanism to identify needs, develop a network for existing services, and review and comment on proposals for service within the county; (3) serve as a client advocate to facilitate better overall relations and generate needed programs; and (4) give county residents an opportunity to advise and recommend human resource needs to county commissioners. The structural relationships, coordination process, group problem-solving procedures, public education, system development, planning, evaluation, financing, personnel policies and procedures, the developmental disabilities task force, and other program activities are discussed. Responses to the HRDC are reported, as supplied by county commissioners, agency directors, and State elected officials. Future considerations for the operation of HRDC are outlined. References are provided. See also related document, SHR-0003183.

229. Carlson, Karin.
Citizens Committee for New York City, Inc.
New York Self-Help Handbook. A Step by Step Guide to Neighborhood Improvement Projects.
1978, 142p
SHR-0003012 Available from Citizens Committee for New York City, Inc., 3 West 29th St., New York, NY 10001.

Prepared for the residents of New York City, this step-by-step guide to neighborhood improvement projects describes and discusses types of neighborhood organizations and citizen neighborhood, and community projects covering the broad spectrum of community needs. Block associations, junior block associations, tenant associations, neighborhood associations, volunteer placement centers, and neighborhood complaint centers are the neighborhood organizations suggested for implementation, and general guidelines for organizing are provided. The general neighborhood needs focused on by specific projects are safety and security, sanitation, open spaces, projects in city parks, programs for children and young people, senior citizens, housing and neighborhood preservation, consumer affairs, and health and education. For each project, basic steps for organizing, sources for technical assistance, and existing model programs are provided. Recommendations for leasing a vacant building for community programs, fundraising, publicity, and monitoring city services are furnished along with a directory of community boards which serve New York neighborhoods. The projects range from crime prevention, fire prevention, and health care to mural painting and street games. They can involve all categories of residents—youth, adults, and senior citizens. While the book is based on New York City's experiences, the projects presented can be models for communities throughout the country. Revision of Handbook dated 1977.

230. Cherington, Carolyn M.; and Moss, Kathryn.
Social Planning Services, Watertown, MA.
Critical Dimensions of a Model Case Management System for Developmentally Disabled Persons in the Westfield DMH/MR Area.
1978, 28p
SHR-0003149 Available from SPS Communications, Inc., 85 Main St., Watertown, MA 02172.

This document is the first in a series of products to be delivered to the Westfield Area Developmentally Disabled Office under a contract with Social Planning Services, Inc. The contract provides for Social Planning Services, Inc. to work with area citizens and service providers in identifying a set of model policies for meeting the needs of the developmentally disabled population on an individual basis and over time. After presenting a review of the literature, this paper describes the elements of an ideal case management system for the Westfield DMH / MR Area service system. The model case management process includes five main phases—intake, individual service planning, service procurement and quality control, individual plan implementation, monitoring, and review, and follow along. The rationale for developing a clearly defined intake process is to ensure that developmentally disabled individuals and their families have access to appropriate and needed services. Critical elements comprising the intake phase are listed, along with tips on how to organize a proper intake function. Individual service planning is discussed and activities crucial in planning for individual services are listed. A model case management system must include procedures for arranging and coordinating client contact with service providers and for ensuring the quality of services. Procedures for this are described. An equally crucial case management role is assuring the implementation of the client's individual plan. Ways in which this can be done are discussed. The "follow along" phase of the case management model involves continuing attention to the needs of clients who are about to leave the system or who have recently left and require support services. Elements of this phase are described. Abstracts of references are provided.

231. Clarion County Office of the Commissioners, PA.
Clarion County Human Resources Development Commission Program. Proposal Format.
1978, 56p
SHR-0003183 Available NTIS PC $7.00/MF $3.50

This is one of four documents developed in conjunction with the Clarion County, Pa., Human Resources Development Commission project to improve the local public accountability of social service programs and the quality of operations in those programs. The "Program Proposal Format" outlines a planning process designed to improve local program planning. The outline for program planning includes the following elements to be applied step-by-step: (1) background information, (2) problem statement, (3) analyses and community need assessment, (4) priorities, (5) program activities, (6) program support elements, and (7) evaluation plan. Background information includes identification of the local sponsor and a presentation of the program synopsis, which includes a brief description of the program's purpose, its target population, and its name. The problem statement should specify the problem or problems for which the program is being established. Community need assessment provides a detailed analysis of the problems identified, the citizens experiencing those problems, and the impact of the problem on the community. The fourth step is concerned with establishing priorities for problems and subgroups in the problem population. The development of program activities includes a statement of the program rationale, goals and objectives, intervention strategy and related activities, and an explanation of how policy will be set and monitored in the program. A presentation of program support elements involves descriptions of facilities and equipment, staffing, and fiscal information. Evaluation plan design elements are presented in the appendix, along with budget suggestions and detailed information on procedures to be followed in each of the steps of program planning. Revised program planning guidelines effective January 1, 1979. See also related document, SHR-0003182.

232.

232. Community Service Society of New York. Committee on Aging.
Elderly and the State Mental Hospital in New York State. Issues and Recommendations.
Sep 69, 30p
SHR-0003047 Available NTIS PC $6.00/MF $3.50

Issues and recommendations related to the delivery of mental health services to the elderly are reported from a study by the Committees on Aging and Health of the New York State Legislature. An interrelationship of physical and mental weakness in the dependent elderly demands the establishment of a comprehensive spectrum of services geared to meet complicated and changing needs. Efforts should be made to maintain each elderly person in the community as long as his strength will allow. When institutionalization is required, placement on a long-term or short-term basis should be planned in relation to the individual requirements of each patient and his family. Individual assessment of placement need is essential. A variety of facilities should be made available, each one providing an appropriate combination of social service and health care. The following specific recommendations are offered: (1) establish a network of community-based geriatric centers which will provide short-term treatment and placement; (2) develop small residential units specializing in long-term care of the mildly confused, ambulatory, elderly person; (3) expand nursing homes and infirmaries and broaden and strengthen their services; (4) expand both public housing and comprehensive services for the aged; (5) strengthen the State mental hospital, with increased emphasis on medical services for the elderly; and (6) enact conservatorship legislation. Finally, a Statewide commission should be appointed to appraise and implement the recommendations offered.

233. Comptroller General of the United States, Washington, DC.
Free Legal Services for the Poor: Increased Coordination, Community Legal Education, and Outreach Needed.
6 Nov 78, 135p Executive Summary available from PROJECT SHARE.
SHR-0003076 Available from Government Accounting Office, Distribution Section, Room 1518, 441 G St., NW, Washington, DC 20548.

The activities of the Legal Services Corporation and its grantees in providing free legal services to the poor are discussed, and recommendations are proposed to improve coordination among these providers. The Legal Services Corporation, the primary source of financial support for free civil legal assistance to the poor, currently funds over 300 legal services projects nationwide. The Corporation's appropriations have increased substantially from $92 million in 1976 to $270 million in 1979, even though other Federal, State, and local sources exist to provide funds for the poor. To coordinate the activities of these providers, the Corporation relies principally on local projects to initiate cooperation among these Federal and non-Federal resource providers. The General Accounting Office (GAO), which conducted this study and subsequent report to the Congress, reviewed records and interviewed officials at 9 Corporation grantees and 58 non-Corporation-funded legal services providers in 26 communities located in 5 States. In addition, GAO sent questionnaires to all known legal services providers in the Nation to determine if they conducted local legal needs assessments to establish service priorities. Methods used by the 45 respondents to the questionnaire in performing needs assessments are described. According to a survey developed by the Corporation, 30 of their 300 projects had conducted ongoing or recent community legal education programs, and 20 projects were in the process of initiating new community legal education programs. Almost all projects responding to the survey indicated increased legal education efforts were needed but limited

resources prevented adequate expansion. GAO's recommendations to the Legal Services Corporation for improving their coordination efforts are noted. Appendices contain statistical data on the estimated non–Corporation funding for legal services, results of GAO's National provider questionnaire and client interviews, and comments on this report from the Corporation. Report to the Congress.

234. Comptroller General of the United States, Washington, DC.
More Can Be Learned and Done About the Well-Being of Children.
9 Apr 76, 84p Executive Summary available from PROJECT SHARE.
SHR-0003184 Available from GAO, Distribution Section, Room 1518, 441 G St., NW, Washington, DC 20548.

This report by the General Accounting Office (GAO) describes what DHEW could do to develop a system for evaluating the well–being of children and the impact of relevant federally supported programs. The report addresses the need for Federal evaluation of programs concerning the well–being of children, research directed towards problems identified through such evaluation, and greater dissemination of research knowledge. GAO devised an unprecedented method for measuring the progress of children accepted for protective services by welfare agencies. This method focuses on the well–being of children rather than on the number and types of services provided or available. Obstacles to greater accomplishments on behalf of these children and opportunities for improvement are discussed. GAO recommends that DHEW develop a system for evaluating the well–being of children and the impact of federally supported programs, along with an information recording and reporting system for determining reasons for differences in the well–being of children among the States. The GAO also found that no means were available for assessing, at specified intervals, the extent of change in and adequacy of a child's situation. GAO developed and used a method for assessing and measuring improvements in the situations of children receiving services through welfare agencies. A review of case files on 724 children accepted for services by local welfare agencies in 10 locations showed that while there was general improvement in a child's situation, such improvement often took considerable time, and older children were less likely to improve than younger children. The following obstacles to improvements by child welfare agencies were found: (1)people were often not aware of the services offered by welfare agencies, (2) caregivers of children sometimes evaded or resisted assistance, (3) caseworkers frequently did not have the assistance of specialists in making complex decisions about assistance to be given children, and (4) suitable facilities for adolescents with behavioral problems were frequently lacking. Report to the Congress.

235. Connecticut Human Services Reorganization Commission, Hartford.
State of Connecticut Human Services Plan.
1 Dec 78, 161p Executive Summary available from PROJECT SHARE.
SHR-0003192 Available NTIS PC $11.00/MF $3.50

This State Human Services Plan provides a common focus for all people and organizations in Connecticut concerned with unmet human needs. The Plan states broad policies, makes recommendations to improve human services, and presents a context in which all groups can work together to provide more effective and more efficient services to the State's citizens. Pursuant to Public Act 77–614, the Plan provides a framework that will help the multiple special human services interests in Connecticut work together for the benefit of all. Presentation of the Plan is divided into five long–range policies for making services available, tying services together, focusing on State priorities, strengthening policy effectiveness, and im-

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proving services management. A total of 32 objectives and recommendations with initial implementation steps are presented. Among them are the suggestions that the telephone information referral service be expanded to include 24-hour service and transportation services be initiated to assist the elderly, poor, and the handicapped; that efforts be made to identify areas for service integration; that services be directed towards helping clients gain self-sufficiency through a variety of channels—employment, basic education, support services, etc.; and that policy effectiveness of human service agencies be strengthened by establishing a Human Services Cabinet chaired by the State's governor. Appended material includes the Commission Mandate, the public participation process, and a list of suggested members of the Interdepartmental Liaison Staff.

236. Crow, Richard T.; and Odewahn, Charles A.
Alabama Univ., University. School of Social Work.
Approach to Interdisciplinary Collaboration: Part 3.
1978, 9p
SHR-0003069 Pub. in Administration in Social Work v2 n2 p161-169 Summer 1978.

This article discusses the advantages and disadvantages of the trend toward joint degrees in social work and administration for social work administrators. In view of a growing demand for more effective social welfare organization management and trained administrators, the article suggests that administrators can best be prepared by collaborations between schools or departments of social work and business (or other) administration. Factors favoring this collaboration include the ever-growing complexity of social welfare institutions and their consequent need for the best management skills, and increased cost of graduate education. However, the following impediments to joint programs must be removed or minimized: ideological differences between business and social work faculties, difficulties in integrating two highly structured programs, and trouble from university administrators and faculty who do not like interdisciplinary programs. Those endorsing interdisciplinary collaboration must provide implementation models which include both the management process and a proposed program structure. Models of the management process must include activities that (1) translate the agency's legislative mandate into organizational objectives; (2) establish an organizational climate that fulfills them; (3) enable the organization to acquire financial, human, and other resources; (4) provide leadership; and (5) evaluate progress toward goals. A joint degree, a Master of Public Administration, is suggested, whose program would draw on faculty throughout a university and have two components: a management core and an area of specialization that could provide extensive knowledge of a service area. This arrangement would minimize university investment, provide for considerable programming flexibility, give students a broad exposure to public management, and maintain faculty in their home disciplines; thereby lessening university resistance to interdisciplinary collaboration. References are provided. See also Part 1, SHR-0003071; Part 2, SHR-0003070.

237. Danziger, Sheldon; and Plotnick, Robert.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Can Welfare Reform Eliminate Poverty.
Aug 78, 33p
SHR-0003041 Available NTIS PC $6.00/MF $3.50

This paper describes the existing welfare system, outlines the problems within the system, and presents the principles on which President Carter's reform proposals are based. It then analyzes the level and trend in poverty since 1965 and the antipoverty effect of income maintenance programs in general and welfare programs in particular. It is concluded that the ex-

isting welfare system covers only a segment of the poor, pays varying amounts of benefits to persons with similar needs, and is costly to administer. In addition, it contains adverse work and migration incentives and encourages family breakup. Because the system is too complex for many of the poor to understand, they may not receive benefits which they need and to which they are entitled. President Carter's Program for Better Jobs and Income has four major components—job opportunities for the poor, work benefit and income support provisions for those expected to work, income support payments for those not expected to work, and tax reductions through the earned income tax credit. Each of these components is explained and criticized. The proposed welfare reform raises income but does not eliminate poverty for those who do not work (due to budget constraints), significantly reduces poverty for those who work a substantial part of the year, and provides a work opportunity yielding an income above poverty level to family heads who cannot find a regular job. A successful welfare reform could mitigate many of the defects of the current economic system, but would not end economic dependence on welfare. This suggests that it is time to focus on two other means to reduce poverty—changes in the labor market that currently generates an unacceptably high level of pretransfer poverty, and an expansion of the social insurance system to cushion a greater variety of income losses. References are provided. Prepared for presentation at the 1978 Meetings of the American Sociological Association, San Francisco, CA.

238. Danzinger, Sheldon; and Haveman, Robert.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Tax and Welfare Simplification: An Analysis of Distributional and Regional Impacts.
1977, 18p
SHR-0003156 Available from Publications Department, Institute for Research on Poverty, University of Wisconsin, Madison, WI 53706.

The tax and welfare simplification plan abolishes the existing cash welfare system and institutes a simplified personal income tax system that accomplishes many of the goals of an ideal welfare system. A simple set of tax rates and per capita refundable credits were chosen to achieve a replacement of existing welfare benefits, provide income support to the currently uncovered working poor, and raise net revenues equal to those under the existing personal income tax. To measure the impact of the tax and welfare simplification program on distribution and regions, a microsimulation model with rich sectorial detail—the Poverty Institute Regional and Distribution Model—was used to trace the first through nth round of distributional and regional effects of the system. Results show that final impacts of the simplification plan differ from first round impacts because the second through nth round effects offset some of the initial policy effects and reinforce others. Overall, the system reduces income equality while decreasing horizontal inequities and marginal tax rates in both the tax and welfare systems. Introduction of a comprehensive tax base and elimination of the various uncoordinated welfare programs reduce administrative costs and simplify the process by which individuals determine their tax liabilities. Further, it eliminates a broad range of program-induced behavioral responses relating to family stability and location typically associated with the existing welfare program. Specifically, the plan increases the incomes of poor people, especially those living in the South, or living in households headed by males or the aged. While some current welfare recipients experience a reduction in disposable income, the great majority gain; the same is true for the recipients of social insurance benefits, even those who are taxed under the plan. References are provided. Reprinted from National Tax Journal v30 n3 (September 1977). Reprint No. 254.

239. Datel, William E.
Walter Reed Army Inst. of Research, Washington, DC.
Proposal to Substitute Formalized Information Feedback for Fee Payment in Socialized Medicine Systems.
Dec 78, 12p
SHR-0003165 Pub. in Psychological Reports v43 p899-909 1978.

This pamphlet examines the differences between socialized medicine and the private medicine system. It is generally recognized that the practice of socialized medicine, of which American military medicine is an example, is characterized by a different set of events than the practice of private medicine. These differences are examined in this essay from three viewpoints: resource flow, social exchange, and reinforcement contingency. It was found in the study that a major defect in the socialized medicine health care delivery systems resides in the truncated resource feedback and that social exchange within the socialized medicine model operates with a severe handicap. Moreover, in socialized medicine there are no fees and hence no monetary reinforcement for desirable health care delivery behavior. In contrast, the "piece–rate" compensation basis of private medicine permits effective use of money as a reinforcer of "good" health care delivery behavior. It is concluded, therefore, that the omission of fees–for–service (as in military medicine) is responsible for the deleterious effects that have come to be associated with applications of socialized medicine. It is proposed that substituting systematized evaluative information feedback for fees–for–service may be a way to compensate for the inherent structural weakness in the socialized medicine model and thus improve health care delivery in military and other socialized medicine systems. (Author abstract modified). Reprinted by Walter Reed Army Inst. of Research.

240. Davis, James V.; and Rondinelli, Dennis A.
Vanderbilt Univ., Nashville, TN. Graduate School of Management.
Local Management of Federal Grants-In-Aid. The Urban Observatory of Metropolitan Nashville-University Centers.
Jan 76, 149p Executive Summary available from PROJECT SHARE.
SHR-0002003 Available NTIS PC $10.00/MF $3.50

To assist local governments in planning, implementing, and managing Federal grants–in–aid funds, the Urban Observatory Program developed this report as part of several research products on the problems facing the nation's cities. Currently, the multiple–component Federal assistance system for cities—categorical grants, block grants, special revenue sharing, and general revenue sharing—will require changes in the traditional processes and procedures of local project financing and managing. Effective operation of a general revenue–sharing system requires an understanding of the impacts of Federal expenditures on the present system of government services. Evidence of the impact of Federal activities on Nashville and Davidson County, Tenn., point out the wide range, types, and amounts of categorical and block grants available. The scope and distribution of Federal activities and expenditures in Davidson County are illustrated by grouping total Federal outlays in fiscal 1972 into six major categories: transfer payments; defense procurements and prime contracts; technical assistance, research, and planning grants; Federal assistance for public and private capital investment, public works, and construction; operation expenditures, overhead, wages and salaries; and public services and human resources development. The characteristics of categorical grants are described, as well as the arguments in support of and against grants–in–aid, the management of categorical grants, and cost analyses of these grants. Additional discussions address the arguments in support of and opposing revenue sharing, the nature of revenue sharing, and local manage-

ment of revenue sharing and its attendant problems. Four recommendations are made to improve the management of Federal grants–in–aid in Nashville and Davidson County. Tables and charts present information on citizens' views of government expenditures for city services, an information profile for grant applications, Federal expenditures in Davidson County by Federal department, and related material. Footnotes are also provided. National League of Cities Urban Observatory Research Report No. 13.

241. Davon Management Co., Columbus, OH.
Metropolitan Human Services Commission. Columbus-Franklin County. First Year Report.
22 Nov 77, 148p Executive Summary available from PROJECT SHARE.
SHR-0002877 Available NTIS PC $10.00/MF $3.50

This report described efforts undertaken to use information generated through needs assessment and service inventory projects sponsored by the Metropolitan Human Services Commission (MHSC) in Columbus, Ohio, with particular attention given to available community resources for resolving needs, and to the planning process of the MHSC. Since each organization represented in the MHSC defines services in different ways, a service classification system was devised in 1976 by the United Community Council. This system is organized around six broad human service–related goals that define human needs in general terms: community needs assessment, inventory of services, program profiles, priority ranking process, program review criteria, and application of criteria and results of priority ranking to program profiles. The project helped to identify persons by race, income, and geographic location who lacked food, clothing, and adequate housing, and other concerns shared by many persons that were prevalent regardless of race or income status. These concerns included anxieties about rising utility costs, increasing crime rates, and deteriorating neighborhood conditions. Data comprising the service inventory was supplied by 226 agencies. Service systems were ranked in order of importance and involved equal opportunity, employment, income maintenance, protective services, mental health, food and nutrition, family substitute services, individual and family life, public protection and safety, physical health maintenance and care, housing, educational support, environmental protection, transportation, economic development, emergency needs, communication and public information, mental retardation, social development and recreation, clothing and household goods, and arts and humanities. Overall, more than $100 million were spent by respondent agencies in the delivery of human services. Important policy considerations in the planning process of the MHSC are planning for services versus planning for needs, information collection and reporting for decisionmaking, coordination between public and private sector funding, and attraction of new resources. Data and illustrations are included that reflect the results of needs assessment and service inventory projects.

242. Dayton-Montgomery County Partnership Project, Dayton, OH.
Dayton-Montgomery County Partnership Project.
1977, 97p
SHR-0002967 Available NTIS PC $8.00/MF $3.50

The Dayton–Montgomery County (Ohio) Human Services Partnership involves the City of Dayton, Montgomery County, the United Way, and Miami Valley Regional Planning Commission in an effort to coordinate human services delivery. The group has had its greatest impact at the county level. Although the county is the chief local government provider of human services in the community, it had no human services department to plan and manage its multitude of projects until the Partnership began its research and agitation. During the project's first 2 years (1974–1976), the United Way saw it as

competition, which resulted in an unintended focus on public sector service delivery. Since then this problem has been eliminated. The major part of this report summarizes the Partnership's major activity: the Sunrise Comprehensive Care Center. This center was established in November 1974 as a pilot project to test a decentralized, integrated social service system. The research conducted by the Partnership helped in the design of the center's operations. This research identified major catchment areas, identified the needs of families living within these areas, and also identified the services offered by various agencies in the county. The Welfare Administration provided core staff for the centers and coordinated other services to provide a "one-stop" operation. Flow charts and operations data are included. This has proved so successful the county plans to expand the concept. Figures are included and a favorable evaluation study is appended. See also related documents, SHR-0002966; SHR-0002968.

243. Demone, Harold W.
Rutgers-The State Univ., New Brunswick, NJ. Graduate School of Social Work.
Stimulating Human Services Reform.
Jun 78, 120p
SHR-0100801 Available NTIS PC $9.00/MF $3.50

Suggestions for stimulating reform in human services agencies are focused on persuading policymakers and managers about the need for change; on grouping community, local, and organizational agencies for change; and on coordinating the activities of the practitioner in a public or private agency and the local administrator. For some, human services is an organizational schema; to others, a conceptual rubric; whereas others find it to be a service delivery package. In any case, the human services area has become increasingly visible and vulnerable. Change factors can be identified to deal with this massive service delivery field: communication, involvement of key actors, acknowledgment of contributors, reappraisal of progress, evaluation of results, encouragement of risk taking, strong support for innovators, and patience. Agents for change include the lobbyist, the ombudsman, the advocate, coordinators, and citizens. Project planning and management have increasingly been used as change tools both to solve problems and to improve management. Organizational coalitions can be effective in the change process as combined or joint ventures with other organizations in which each is committed to some form of joint decisionmaking, but through a structure which does not report to a higher decisionmaking authority. Communities, as organizations and as developing entities, perform a minor role in effecting change, as they are not particularly cost effective. Change can be brought about through program evaluations, effective negotiating and bargaining, through the proper use of militancy and conflict, or through the courts. Finally, an awareness of the future and the emergence of more and better technology presuppose the need for forecasting techniques to ensure that change is being manipulated in the right directions, as anticipation of the nature of future changes will assist in planning procedures. Case studies, forecasting techniques, and change strategies are detailed. Extensive references are provided. No. 8 in Project SHARE's Human Services Monograph Series.

244. DeJong, Gerben.
Brandeis Univ., Waltham, MA.
Political Economy Critique of the American Welfare State.
1977, 44p
SHR-0002925 Pub. in Jnl. of Sociology and Social Welfare v5 n1 p 1-45 Jan 78.

Political economy is examined in an analytical perspective to challenge values and assumptions of the free market-pluralistic ideology of the existing welfare system. Two basic responses to problems of welfare have been

adopted. The conservative response seeks to dismantle the welfare system, while the liberal response views the system with a lack of confidence and a belief in the system's failure. Liberalism is sometimes referred to as the welfare system's official ideology. It is contended that the welfare system cannot be understood apart from its commitment to the free market ideology that perceives welfare as a backstop to the capitalistic market system. Various values and assumptions of the free market ideology relate to individualism, perfect competition, and democratic pluralism. The term political economy in the ideology of the welfare system involves study of the interrelationship between politics and economy. Political economy relies heavily on the critique of Marx about capitalism and borrows from various other traditions and disciplines. The political–economic analysis findings suggest that a welfare system incorporating values of a capitalist market system cannot remedy serious inequalities and other social problems resulting from an acquisitive and competitive society. Political economists share a common belief that groups and communities should have a meaningful role in determining how public services are provided. Application of the concept to Medicare and the health care industry and social services under the Social Security Act are detailed. Data on welfare expenditures for selected program areas between 1950 and 1975 are tabulated. Based on a paper presented at the Annual Meetings of the Society for the Study of Social Problems, New York City, August 28, 1976.

245. Dordick, Herbert S.; and Goldman, Ronald J.
Annenberg School of Communications, Los Angeles, CA.
Future of Telecommunications Technologies for the Delivery of Human Services.
1976, 26p
SHR-0003032 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 145 830.

Although the use of telecommunications technologies has been encouraged to improve quality and reduce costs of human services delivery, the adoption rate of such technologies has been disappointing. This paper reviews the model found most useful for the analysis of barriers to the adoption of telecommunications technologies. Characteristics that affect the rate of innovation adoption are (1) status of knowledge and engineering—the perception of potential adopters to the state of the art of the technology in terms of reliability, durability, precision, size, and cost; (2) value attribute—the attitude of potential adopters to the technology regardless of application; (3) trialability—the ability to incrementally increase commitment to an innovation or return to the status quo with little difficulty; (4) complexity—the number of components of the technology, the behaviors and skills necessary to be learned for its successful operation, and the procedures required for effective maintenance; (5) communicability—the ability of potential users to observe demonstrations of the technology and the visibility of the results; (6) autonomy of operation—the ability of a single organizational unit to operate the technology; and (7) regulation—the degree by which operational constraints may be imposed by governmental, consumer, and industrial groups. The matching of a function with a technology creates the innovative application, and characteristics associated with such an application have been shown to influence the innovation process. These factors include (1) relevance—the degree to which the application fulfills a need; (2) compatibility—the degree to which the application is consistent with existing values and past experiences; and (3) relative advantage—the benefits to cost ratio derived from the utilization of the application as compared to other alternatives. Results show that radio and telephone have the least number of barriers; there are many barriers to cable television use, including technical and distribution problems; time, cost, and need to aggregate demand also limit autonomy of operations. A bibliography is provided.

246. Drake, H. Max; Dennen, Taylor; Gantz, Roger; Brown, Timothy; and Drake, Ann.
Washington State Dept. of Social and Health Services, Olympia. Planning and Research Div.
Evaluation of the Deinstitutionalization Process in the U.S. Department of Health, Education, and Welfare, Region X.
Feb 78, 188p Executive Summary available from PROJECT SHARE.
SHR-0003098 Available from Washington State Dept. of Social and Health Services, Analysis and Information Services Div., Office Bldg. No. 2, OB-32, Olympia, WA 98504.

As deinstitutionaiization continues, the original goal of reducing institutional populations and shortening the length of institutional stays remains important, but the prevention of unnecessary institutionalization, upgrading the quality of institutional care and the maintenance of the formerly institutionalized in the community have received increased attention. The new goal of deinstitutionalization is not to close all mental hospitals, but to develop a system of linked services integrating hospitals and community services. This study conducted in Washington and Idaho States aims at describing the delivery of services to the deinstitutionalized mentally disabled and identifying major problems which might limit the variety and quantity of services delivered. The study examined (1) the institutional discharge process, (2) the referral and linkage of clients to community services, (3) the kinds and amounts of services clients receive once back in the community, (4) the financing of care for the mentally disabled, and (5) Federal legislation and the planning and coordination of services to the mentally disabled. The most striking finding is that 91 percent of former State hospital patients released in 1975 and 1976 in Washington and 88 percent in Idaho report that they received one or more outpatient mental health services sometime during the approximately 17 months between discharge and interview. More than three-quarters of the former State retarded school residents studied received daytime training services in the 17 months following discharge. Findings on community service delivery as viewed by service providers are reported, along with findings on institutional discharge planning, legislative and planning barriers to deinstitutionalization, and financing care for the mentally disabled. Recommendations for improvement are offered. See also Volume II, Appendices, SHR-0003099.

247. Drake, H. Max; Dennen, Taylor; Gantz, Roger; Brown, Timothy; and Drake, Ann.
Washington State Dept. of Social and Health Services, Olympia. Planning and Research Div.
Evaluation of the Deinstitutionalization Process in the U.S. Department of Health, Education, and Welfare, Region X. Volume II: Appendices.
Feb 78, 296p Executive Summary available from PROJECT SHARE.
SHR-0003099 Available from Washington State Dept. of Social and Health Services, Analysis and Information Services Div., Office Bldg. No. 2, OB-32, Olympia, WA 98504.

This volume contains the appendices for a study of the deinstitutionalization of the mentally disabled in the States of Washington and Idaho. The study describes the delivery of services to the deinstitutionalized mentally disabled and identifies major problems which might limit the variety and quantity of services delivered. The appendices include a discussion of further details on methods, a consideration of the institutional staff interviews, an examination of the financing of institutional and community care for the mentally disabled in Washington and Idaho, a summary of legislation affecting deinstitutionalization, and samples of survey instruments. "Further Detail on Methods" provides more information on the sample and field survey

methods used in the discharge record review and the client followup study. The sample of clients was cross-sectional in design, but the study used four information sources (medical records, a client interview, residential staff interviews, and interviews with service providers), each of which provided information on the client at a different point of time. "Institutional Staff Interviews" discusses findings from staff interviews concerning the discharge process. The funding structure for institutional and community care for the mentally disabled in Washington and Idaho is discussed in another part of the appendices. The purpose of this study is to identify the relative importance of various funding sources to a variety of service providers, and to compare the relative reliance of State institutions and community agencies on Federal, State, and local government funding sources and on privately generated income. Specific legislation affecting deinstitutionalization is described in summary form in another section of the appendices, followed by samples of the survey instruments used in the study. See also parent document, SHR-0003098.

248. Epstein, Ruthe.
Maryland Dept. of State Planning, Baltimore.
Human Resources Planning: A Guidebook.
Jun 78, 92p Executive Summary available from PROJECT SHARE.
SHR-0002992 Available from Maryland Dept. of State Planning, 301 West Preston St., Baltimore, MD 21201.

Written for local officials, program administrators or managers, planners, and interested citizens, this guidebook for human resources planning describes the elements of a comprehensive approach to services planning. It answers some of the most common questions about human resources planning by explaining what the planning process is, how it can help local governments, how a county can start a human resources planning process, what kind of staff will be needed, and what are the responsibilities of the staff, the advisory board, and the elected officials. The comprehensive human resources planning process necessitates awareness of all the different types of human needs in a community, the existing resources, and the budget for services in the community. In addition, it involves identifying unmet or undermet needs and matching the resources to these needs according to priorities. Priorities should be made by keeping in mind what a community can realistically accomplish, what resources will affect the largest number of persons, what actions can service interrelated needs, and what needs are most important in terms of threatening the lives of citizens or the well-being of the local economy. Three action alternatives for managing the planning process are discussed and illuminated with examples of efforts begun in three Maryland counties. These efforts include establishment of an office for comprehensive human resources planning (the Howard County, Md., Bureau for Citizens Services), enhancing the duties of the existing county planning office (the arrangement at the Kent County Council of Social Agencies), and creation of a planning task force (the Planning Task Force of the Cecil County Council of Social Agencies). The advantages and disadvantages of each of these methods are discussed, as well as the implementation, monitoring, and evaluation procedures involved. A bibliography is provided.

249. Fabrizio, Jo J.; and Bartel, Joan M.
Chapel Hill Training-Outreach Project, NC.
Service Integration Project. A Guide to Collaboration.
1977, 243p Executive Summary available from PROJECT SHARE.
SHR-0003033 Available from ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210 as ED 149 564.

Presented is the final report of the Service Integration Project, a North Carolina demonstration

project to facilitate collaboration of local programs, particularly those sponsored by the Developmental Disabilities program and the Head Start program. Individual chapters deal with the following topics: overview of service integration; the human perspective of service integration; development of the project through mobilization of resources from the Chapel Hill Training Outreach Project, the Developmental Disabilities Technical Assistance System, and the Region IV network of services to the handicapped in Project Head Start. Additional discussion concerns the service integration program plan, implementation of service integration, the State Advisory Task Force for service integration, advocacy as an examination of its interaction within the human service delivery system, alternative models for interagency coordination, the collaborative process for service integration, evaluation, and recommendations for replication and investigation. Appendices include an organization chart, the operating plan, calender of events, Head Start needs assessment form, an agreement form, and agenda of the planning conference. A questionnaire, sample letters, evaluation data from the State Advisory Task Force, and a process manual for collaborative planning are also provided. (Author abstract modified).

250. Feinstein, Barbara; and Cavanaugh, Catherine.
New Volunteerism: A Community Connection.
1978, 190p
SHR-0003188 Available from Schenkman Publishing Co., 3 Mt. Auburn Pl., Cambridge, MA 02138.

The rise and fall of a State mental hospital's case–aid program, using volunteers, is described in terms of the characteristics of the hospital setting, the program, and the staff and patients involved in the program. The program was designed to alleviate the isolation, despair, and loneliness of the patients by helping them readjust to the outside world. Another goal was to teach the patients skills they could use in the community. An important adjunct to this goal was bridging the gap between the hospital and the outside community. Finally, this program sought to extend the treatment reach of social workers through the use of competent paraprofessionals. During 1972 to 1973, a monthly average of 52 case aides and 86 patients were involved in the program. The volunteer case aides were generally people with little or no professional mental health training who were interested in community mental health and were willing to devote 3 or more hours a week for a year. Descriptions are provided of the successful volunteers and how volunteers were matched with patients. Professional supervision of the program ensured that the volunteers and patients were able to work together and accomplish program goals within the constraints of the hospital setting. Instead of relying solely on individual contact between case aides and patients, this project developed patient groups which were led by trained paraprofessionals. A detailed description is provided on the operation of this group approach. The successes, experienced from 1972 to 1973, led to the development of a number of other hospital and community programs. Even though this program is no longer operating, the fact that it had a significant impact on the patients and the volunteers warrants the continued use of such volunteers in institutions. The case aide handbook used in this program is appended along with a glossary. A revision of a 1976 report.

251. Fisk, Donald; Kiesling, Herbert; and Muller, Thomas.
Urban Inst., Washington, DC.
Private Provision of Public Services: An Overview.
May 78, 106p Executive Summary available from PROJECT SHARE.
SHR-0002997 Available from Urban Institute, 2100 M St., NW, Washington, DC 20037.

This study, undertaken for local government officials, discusses the background, particulars, and advantages and disadvantages of the local government's purchasing by contract public services from private, profitmaking firms. Ten different services are examined and recommendations are included. Local governments are increasingly interested in contracting with private organizations, since studies show the latter can deliver services more cheaply, and at the same time provide a much needed comparison for government efficiency. In addition, private suppliers can provide specialized skills, help the government avoid large, initial costs through use of preexisting, private facilities, limit government growth, and improve management. Nevertheless, the goals of many public services are too general to be written into a contract. Other disadvantages include possible higher costs to citizens, increased chance of corruption, displacement of municipal workers, legal restrictions, and less public control or poorer quality of services due to suppliers' interest in making a profit. A 1973–74 survey, updated in 1976, of private delivery of solid waste collection, public works, police and fire services, ambulance services, parks and recreation, transportation, social services, education, and miscellaneous professional services is presented; it focuses on the extent of contracting, types of private delivery and contracts, production comparisons between the government and the firm, and private delivery's future in each area. Findings include the following: (1) local governments purchase few services from private organizations and prefer easily measured services such as trash collection; (2) long–term benefits are uncertain; (3) comparisons between local government and private production and efficiency are generally lacking; (4) local governments cannot seem to draw up service contracts or monitor performance to fully protect citizens; and (5) the basic aim of contracting should be increased efficiency. The report recommends that more research be done on contracting and comparisons be made of costs and productivity between government and private firms. Such comparisons should consider hidden costs to the former in contracting with the latter. Overall, government agencies are advised to consider private contracting. The report is annotated and contains several tables but no bibliography. Revision of report written in 1974.

252. Frankel, Joanne.
Bureau of Social Science Research, Inc., Washington, DC.
Elderly Needs Assessment Survey. Volume II: Survey of Organizations Serving the Elderly.
May 78, 184p Executive Summary available from PROJECT SHARE.
SHR-0002884 Available NTIS PC $12.00/MF $3.50

This second volume of a three–volume report on a study conducted for the District of Columbia Office on Aging by the Bureau of Social Science Research examines the services and facilities available to meet identified needs of the District's 60 and over population. A total of 292 organizations located in the District and likely to offer some direct services to the elderly were asked to complete a questionnaire designed to obtain data on types of services provided, areas served, eligibility requirements, intake procedures, and funding sources. A final response rate of 86 percent was obtained, and 201 organizations providing direct services to the District's elderly were identified. The organizations represented a variety of specialists, such as health care, consumer protection, employment services, drug abuse prevention, and social clubs. Only 16 percent restrict their services exclusively to the elderly. Based on the data collected by the survey during 1977, the largest number of elderly received information and referral, consumer education, personal counseling, and friendly visiting and telephone reassurance services, while the smallest number received emergency welfare, drug and alcohol abuse prevention, retirement preparation, assistance for the visually impaired, job guidance and placement, and chore services. Almost all

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the organizations reported that their facilities are located near public transportation, and one–quarter provide some assistance in using that transportation. Approximately one–half of the organizations charge for some or all services, but client fees are a major funding source for less than 10 percent. The District government supplies more than half of the funds for one–fifth of the agencies, and the Federal Government supplies funds for 17 percent. The appendices contain a copy of the survey questionnaire and cover letter, the final response status of each organization on the list, and a list of responding organizations by the services provided. See also Volume I, SHR-0002885; Volume III, SHR-0002883.

253. Freeman, Henry.
Foster Home Care for Mentally Retarded Children: Can It Work.
1977, 9p
SHR-0003283 Pub. in Child Welfare v57 n2 p113-121 Feb 78.

The 2–year experience of a foster home program for retarded children in Pennsylvania illuminates the problems of administration, staff, and foster parents in preparing retardates to return to community life. Evaluation of the program was planned in two stages: (1) determination of whether foster care could maximize development of the child, and (2) determination of the number of children (those old enough) able to go into the community as self–maintaining or self–supporting persons. The first evaluation has been completed; the children are still too young for the second phase. Four areas are considered in the experiment: (1) what are the special aspects of recruiting foster parents for long–term care of retarded children; (2) what specialized knowledge must be available to these foster parents, and what is the best way of providing it; (3) what is essential in backup resources; and (4) what community resources are required. During the first year, the agency limited placements to 30 children; the second year the limit was raised to 40 and then 42. Resources are adequate for 45, with a minimum set at 50. While incidents of serious behavior problems have occurred, clinical findings indicate that most retarded children can show improvement in a foster home program. An effective method for recruiting foster parents on a volume basis has yet to be determined. The most significant change within the agency has been that of making foster parents part of the staff. One caseworker is assigned to each foster home, spending time with the foster parents and children and dealing with community resources. Specialized knowledge about how the program should work must exist at the administrative level in order for the program to work effectively. A description of agency staff work with schools regarding the handling of retarded children is also included.

254. Garrison, John; and Werfel, Sandra.
Union Hospital, Lynn, MA. Greater Lynn Community Mental Health Program.
Network Approach to Clinical Social Work.
1977, 10p
SHR-0003177 Pub. in Clinical Social Work Jnl. v5 n2 p108-117 Summer 1977.

This recently developed approach to working with mental health clients attempts to bridge the ideology–technology gap by combining the best of traditional clinical psychotherapeutic methods with the advantages of a social systems model. This technique assumes that the solution to a variety of human dilemmas lies within the collective resources of the client's social network, i.e., the sum of human relationships that have a lasting impact on his or her life. Thus, a social network might include family, other relatives, friends, clergy, employees, care–givers, Alcoholics Anonymous sponsors, and any other available significant persons. The vehicle for involving the client's social network in the treatment process is the "Network Session." In the Network Session the clinician

brings together the client and a significant member of his or her social network in a problemsolving encounter. The goals of the intervention are to modify the network of the client's emotional influence, to articulate the needed instrumental resources represented by family, friends, professional care–givers, community agencies, and other significant resources. The process of conducting the Network Session is based on a decision–counseling model. An established agenda is followed by an inventory of the elements of the situation, discussion, listing of alternative courses of action, constructing a decision model for selecting among the alternatives, providing the opportunity for at least part of the network to make a decision and test the selection chosen, and finally evaluating the outcome and starting over if necessary. The social network of the client is chosen by the clinician and the client. Two case studies describe the use of social network intervention in dealing with a paranoid client and as an adjunct to an individual therapy case which had reached a stalemate. References are provided.

255. Garwick, Geoffrey B.; and Brintnall, Joan E.
Technical Assistance for Program Evaluation, Minneapolis, MN.
Introduction to Goal Attainment Scaling, Catalogue-Assisted and the Ideabook: 550 Indicators for Use in Setting Goals.
1977, 288p
SHR-0002916 Available from Technical Assistance for Program Evaluation, Suite 203, 614 East Grant St., Minneapolis, MN 55404.

A collection of 550 variables give goal setters a range of possible behavior change possibilities, while a discussion explains the concept of goalsetting and gives examples of its use in a wide variety of therapeutic settings. The variables are grouped into 21 categories: aggression; alcohol use; anxiety; cognitive abilities; decisionmaking and goalsetting; depression; drug use; education; family and marital situations; interpersonal relations and communication; legal problems; living arrangements; personal hygiene and housekeeping; physical complaints and conditions; psychopathological symptoms; rules, schedules, and transportation; self–reference; sexuality; suicide and self–injury; use of treatment; and work (or job performance). Related scales found under other headings are given for each topic. The coding form which translates the reponses to these scales is then explained in detail. A goal rating and attainment sheet helps therapists determine the areas of behavior which need the greatest change and aids them in working with clients to set attainable goals. The information on behavior may not come from clients themselves; the scales may be used with the help of parents, correctional personnel, hospital personnel, or any of a number of outside persons who may be more reliable sources of data. The setting of intermediary goals, the use of circular scales to set upper limits, and the adjusting of expectations to reflect performance are also covered. The manual is fully illustrated with sample forms, and references are appended. See also companion document, SHR-0002915.

256. Garwick, Geoffrey B.; and Brintnall, Joan E.
Technical Assistance for Program Evaluation, Minneapolis, MN.
Self-Goaling: Using the Goal Attainment Scaling, Catalogue-Assisted System to Set Goals for Yourself.
1978, 36p
SHR-0002915 Available from Technical Assistance for Program Evaluation, Suite 203, 614 East Grant St., Minneapolis, MN 55404.

This manual is designed to help people who are not experts set behavior change goals for themselves or others. It uses the 550 questions and rating scales given in the publication "Introduction to Goal Attainment Scaling, Catalogue–Assisted, and the Ideabook: 550 Indicators for

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Use in Setting Goals." The instructions explain a form titled "Guide for Setting Goals and Rating Attainments," and interpret goal scales, wherein the importance of honesty and realistic expectations is underscored. The guide also sets a time frame for improved behavior. The scales can be used to develop specific behavior improvements and to set short-range and long-range goals. The guide also contains circular scaling to help a person recognize when too much change may be worse than the original problem (the person who wishes to become more assertive and ends up highly aggressive); the importance of setting an upper limit on change is explained. An appendix contains a list of related goal attainment and behavior change materials. The forms for self-assessment are also provided. See also companion document, SHR-0002916.

257. General Accounting Office, Washington, DC. Human Resources Div.
Actions Needed to Improve the Nutrition Program for the Elderly.
23 Feb 78, 35p
SHR-0003298 Available from Government Accounting Office, Distribution Section, Room 1518, 441 G St., NW, Washington, DC 20548.

The ongoing management support for the nutrition program of Title VII of the Older Americans Act suffers because the information system format changes constantly, confusing the States and making it difficult for them to transmit reliable data. Adequate report processing procedures are given low priority by the Administration on Aging which means the States do not receive prompt, reliable feedback on the progress of the program nationally. The meal contributions made to the elderly pose problems in that many projects fail to control these funds, others do not utilize these funds for the program, and many have inadequate audit procedures for the meal contributors. Problems also exist in the distribution and use of commodities supplied by the Department of Agriculture. Some States send too much to some sites creating large inventories at those sites. Some nutritionists complain that the foods supplied contain too much salt and sugar while others feel that the canned meats are of poor quality. Many sites use caterers to prepare the meals; these caterers sometimes find the quality and form of the commodity packaging to be inconvenient. The Administration on Aging should develop a model management information system, give the States technical assistance to help them develop adequate program controls, and identify commodity problems and work with the Department of Agriculture to solve them. An appendix identifies the locations reviewed for the report. Report to the Secretary of Health, Education, and Welfare.

258. Gerontological Society, Washington, DC.
Working with Older People: A Guide to Practice. Volume II: Human Services.
1978, 207p Executive Summary available from PROJECT SHARE.
HRP-0027641 Available NTIS PC $13.00/MF $3.50

Human services for the elderly are considered, with emphasis on manpower opportunities, resources, target groups, and the service delivery structure. The creation and expansion of service programs under Title XX of the Social Security Act and Title III, Title VII, and Title IX of the Older Americans Act has exacerbated the manpower crisis, especially the need for minority personnel. The network of area agencies on aging, established by 1973 amendments to the Older Americans Act, constitutes nearly 500 offices and employs over 2,100 professional and 800 clerical personnel, as well as over 7,000 part-time volunteers. There are more than 700 nutrition projects for the elderly across the county. Job opportunities for the elderly are contingent on the individual's primary professional discipline. Three ways of structuring human services are: (1) individually-delivered or home-based services, (2) congregate-delivered services

through senior centers or other sites away from home, and (3) congregate–delivered services through a common residence, e.g., senior housing or long–term care facilities. The growth and development of social services have been unsystematic. Some of the dilemmas in service delivery are whether the elderly should be served separately from other age groups, whether priority should be given to certain elderly persons at the expense of others, and what weight should be given to the efficiency of service delivery versus patient (client) preference. Target groups for human services are identified in terms of financial and personal resources, general needs for services, and individual needs assessment. Particular attention is paid to such characteristics of target groups as income and physical and mental health. Illustrative cases or target groups, including the unimpaired, the minimally impaired, the moderately impaired, and the severely impaired elderly, are provided. Death and dying are discussed, and a case study involving a neighborhood senior services program is presented. An appendix notes resources for further information (a bibliography, a guide to reference sources in gerontology, and a directory of selected organizations involved in aging). See also Volume I, HRP-0027640.

259. Gerontological Society, Washington, DC.
Working with Older People: A Guide to Practice. Volume I: The Knowledge Base.
1978, 191p Executive Summary available from PROJECT SHARE.
HRP-0027640 Available NTIS PC $12.00/MF $3.50

Providing a knowledge base for working with the elderly, including information about biological, health, psychological, social, and cultural factors in aging, is explored. Mortality increases with age, and the mortality rate doubles about every 8 years after the age of 30. There is evidence that brain weight, body weight, and metabolic rate govern lifespan. The aging process is characterized by a gradual decline in most physiological activities. From birth to maturity, the sum total of biological changes is incremental with regard to health. Biological changes affect cells and tissues, organ systems, the cardiovascular system, the excretory system, the respiratory system, the gastrointestinal system, the endocrine system, muscles and joints, bones, skin, hair and nails, the nervous system, and sensory organs. There are sex–specific changes in the elderly, although the sexual functioning of elderly persons is not curtailed. Prevention and health maintenance are aimed at avoiding the development of illness or limiting its consequences. Specific diseases and disabilities common among the elderly are falls, dementia, cardiovascular diseases, arthritis, diabetes mellitus, and oral health problems. Psychological aging, like biological and social aging, is associated with chronological age but is not identical to it. Psychological age is indicated by an individual's capacity for adaptive behavior in response to environmental demands. There are cognitive functions in psychological development. Disease, important social losses, and long–standing personality characteristics seem to be more important than age per se in causing depression or mental illness. Social factors of importance in aging are demography, the fact that women are likely to outlive men, internal U.S. migrations, educational attainment, family status and living arrangements, labor force participation, income, age distinctions, images of aging, and politics. The society in which one lives and the culture or subcultures one shares have an impact on aging. The elderly who reside in institutions and who are isolated, impoverished, disabled, and often mentally impaired are most in need of help. The process of aging in a pluralistic society, and ethnographic aspects of aging are significant. Future prospects for the elderly are examined in relation to demography, the economy, Social Security and retirement, health care, and social impacts. A bibliography is provided at the end of each chapter. See also Volume II, HRP-0027641.

260. Gilbert, Frances B.
Information Center of Hampton Roads, Norfolk, VA.
Information and Referral: How To Do It. Volume I, Part I, Before Beginning-Developmental Concerns.
1975, 150p Executive Summary available from PROJECT SHARE.
SHR-0000817 Available NTIS PC $10.00/MF $3.50

One of four volumes describing the Hampton Roads, Va., Information Center and proposing a model for communities to follow in establishing an information and referral system for community services, this report deals with the first step—formulating the resource base. Since the collection, processing, storage and retrieval of data are costly, communities embarking on an information and referral operation should collect and store only those items that are useful. The Hampton Roads Information Center began by adapting the United Way of America Services Identification System (UWASIS) to its needs. UWASIS organizes its titles on four levels—goals, services systems, services, and programs—and uses six basic human goals to code the content of inquiries, including adequate income and economic opportunity, optimal environmental conditions, and provision of basic material needs, health, adequate knowledge and skills, personal and social adjustment and development, and adequately organized social instrumentalities. Additions were made to UWASIS as information was gained by the Information Center survey of agencies until ICSIS (the Information Center Services Identification System) was established. How to build up a resource reservoir is explained. The appendices contain a sample survey agency form, computer input forms and input instructions, an explanation of terms, a sample printout of a service provider report, and other products of the Hampton Roads Information Center. See also related documents Volume I, Parts II-IV, SHR-0000818—SHR-0000820; Volume II, SHR-0003102.

261. Gilbert, Frances B.
Information Center of Hampton Roads, Norfolk, VA.
Information and Referral: How To Do It. Volume I, Part II, First Step: Establishing the Resource Data Base.
1975, 219p Executive Summary available from PROJECT SHARE.
SHR-0000818 Available NTIS PC $13.00/MF $3.50

One of four volumes describing the Hampton Roads, Virginia, Information Center and proposing a model for other communities to follow in establishing an information and referral center, this report explains the Hampton Roads methodology and system, discusses predevelopment and implementation activities for an information system, and outlines personnel, facilities, budget, and controls (accounting, internal reporting, performance standards) needs. The Hampton Roads Information Center is a generalized–referral center providing information on and referral to all types of community services for all community residents, but with special emphasis on the elderly. It encompasses five major processes: community services indexing on a computerized data base, community services index maintenance, provision of information and referral services, followup and statistical reporting, and analysis of information–referral resource and operational data. The center which employs from 14–16 persons is housed together with its parent agency, and has four incoming telephone lines. It publishes a monthly news bulletin, conducts weekly orientation sessions for human service workers, and coordinates its activities with and supplies information to other referral systems. Its core element is the identification system which classifies community services data for storage and retrieval, identifies the content of inquiries received, and analyzes client problems and relationships between community services and these problems. How other communities can initiate a similar system is explained. Appendices describe the information center system, contain sample information center forms, out-

line security considerations, and present a printout report produced by the center. See also related documents Volume I, Part I, SHR-0000817; Part III, SHR-0000819; Part IV, SHR-0000820; Volume II, SHR-0003102.

262. Gilbert, Frances B.
Information Center of Hampton Roads, Norfolk, VA.
Information and Referral: How To Do It. Volume I, Part IV, Operating the Information and Referral Center.
1975, 128p Executive Summary available from PROJECT SHARE.
SHR-0000820 Available NTIS PC $10.00/MF $3.50

One of four volumes describing the Hampton Roads, Virginia, Information Center and proposing a model for communities to follow in establishing an information and referral system to community human service providers, this report concerns the operation of the information and referral center. Telephone information and referral service will receive heavy use, and the information referral specialists will need access to several items: computer produced indices of all services identified in the information centers identification system (ICSIS is the Information Center Services Identification System created by the Hampton Roads center), the service provider report printout, an alpha–numeric rolodex file, and an individual computer search to match the specifications of the service to the clients' needs. Suggestions for handling requests, the attitude to assume with clients, and the information to be given to a client are provided, along with details on recording the requests and client confidentiality. Followup and followthrough on behalf of the client may be an additional service provided by the information center; at Hampton Roads followup and followthrough is handled on behalf of elderly clients. The tracking function can include telephoning the customer to determine whether the agency was contacted, discovering the adequacy of services received, assisting the consumer to secure needed services, and referring the client to other information sources. Case illustrations of tracking and outreach coordination are provided. Methods for applying the information and referral system as a support to planning and management for human services providers integration and coordination are discussed. Appendices contain the various records forms for inquiries and tracking and operational statistics used by Hampton Roads. A flow chart depicting referral services is also included. See also related documents, Volume I, Parts I-III, SHR-0000817—SHR-000819; Volume II, SHR-0003102.

263. Gilbert, Neil; and Specht, Harry.
California Univ., Berkeley. School of Social Welfare.
Planning for Social Welfare: Issues, Models, and Tasks.
1977, 398p
SHR-0002943 Available from Prentice-Hall, Inc., Englewood Cliffs, NJ 07632.

This book of essays acquaints social welfare planners with philosophical issues, alternative planning models, sociopolitical tasks, technical aspects, social interactions, and techniques encountered in planning. Any society that undertakes to solve its problems requires decisionmaking and specific program planning. The planner must be able to help articulate ways in which societal goals can be implemented. Planners who bring sufficient competence to the job can help communities understand the real needs of their people, the reasonable expectations which may be expected of programs, and the exact requirements of meeting social needs. Some of the most basic questions which must be addressed when undertaking a planning project are whether it is necessary to plan or not, in whose interests planning should be undertaken, and by what authority it can be justified. The analytic–interactional continuum of planning models encompasses such issues as rational decisionmaking, mixed scanning, disjointed incrementalism, the transactive ap-

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proach, the differential application of models, and where models can fail. Various perspectives on planning as a sociopolitical and a technomethodological process bring into focus community and neighborhood considerations and technical priorities such as assessment methodology. Tables, diagrams, and references are included for some of the essays.

264. Grigsby, J. Eugene; and Hruby, Mary. California Univ., Los Angeles. School of Architecture and Urban Planning.
Linking Social Impact Assessment and Human Services Planning.
Oct 77, 16p
SHR-0002965 Available from School of Architecture and Urban Planning, Univ. of California, Los Angeles, CA 90024.

Some of the major organizational and technical constraints experienced by human service planners throughout the United States are beginning to be addressed by the creation of special social service departments for coordinating the independent planning and programming responsibilities of local public agencies. Many of the technical problems encountered in this area have been confronted and addressed by researchers and practitioners in the field of social impact assessment. Unfortunately, the separate career paths, work experiences and occupational values of the "people" planner as opposed to the "physical" planner have reduced access of the former to knowledge developed by the latter. Systematic lines of communication and technical information exchange must be forged between these two groups. Involvement in human services program design, implementation and evaluation can also benefit planners who face a project-specific and uncertain funding future. Human services planning offers a new and challenging area for the application, refinement and creation of social impact assessment methods. The approach developed in this paper involves a series of tasks: (1) identifying the major program components that may actually change or produce change in the social setting; (2) identifying possible changes in the social setting, including expected changes as well as second-order benefits; (3) identifying social groups which might be impacted within the social setting; (4) assessing the significance of identified impacted areas; (5) establishing measures of the impact; and (6) developing standards for judging the impacts. This approach will enable planners to promote effective, reality-based programs and problemsolving techniques. Footnotes are included. Paper presented at the American Institute of Planners Annual Conference, Kansas City, MO, October 1977.

265. Grow, Lucille J.; and Shapiro, Deborah. Child Welfare League of America, Inc., New York. Research Center.
Black Children, White Parents. A Study of Transracial Adoption.
1974, 239p
SHR-0002986 Available from Child Welfare League of America, 67 Irving Place, New York, NY 10003.

The Child Welfare League initiated this study in response to the need for data about the outcome of transracial adoptions. The study was directed to black children who were at least 6 years old and who had been in white adoptive homes for at least 3 years. Parents were interviewed at the point of selection for participation in the study and interviewed again a year later to assess the stability of the picture obtained at the first interview. The sample was drawn from social agencies in communities where relatively large numbers of transracial adoptions had been made. Of 227 families eligible for the study, 125 were interviewed. Instruments used in the first period of data collection included a joint parent interview, individual interviews with each parent, questionnaires completed by each parent, and the California Test of Personality for each child. Teachers were also asked to comment on the child's academic work and classroom behavior. The topics explored were (1) the

general family situation, the neighborhood, the family's leisure activity, the parents' attitudes on social and racial issues, and their contacts with blacks and black culture; (2) parents' recall of the adoption experience, their general satisfaction or dissatisfaction with the adoption, the reactions of family and friends to the adoption, the parents' activities with the child, their attitudes toward childrearing; and (3) the child's behavior and adjustment, with attention given to his or her racial awareness and sense of identity. Although a black home for a black child may be preferable, this has not yet become a reality despite vigorous recruitment efforts. Until the objective of these efforts is reached, society is left with a choice between adoption of some black children by white parents and having these children grow up without the continuity and security of a family of their own. The apparent success of the large majority of adoptions in this study suggests that the alternative of adoption of black children by white parents should not be rejected. Tabular data are provided.

266. Grow, Lucille J.; and Shapiro, Deborah. Child Welfare League of America, Inc., New York. Research Center.
Transracial Adoption Today. Views of Adoptive Parents and Social Workers.
1975, 91p
SHR-0002985 Available from Child Welfare League of America, Inc., 67 Irving Place, New York, NY 10003.

Results of a study of 38 white couples adopting black children, their experiences with social agencies, and the opinions of social workers about transracial adoption reveal that the couples are generally satisfied with the agencies and that, while social workers agree transracial adoption is acceptable, they believe it is risky. The adopting couples were given two lengthy interviews by social workers, the first when their child was placed with them and the second when adoption was final, when the child was returned, or 1 year after placement. The couples were in their late 20's to early 30's, mainly college graduates, and politically liberal; few were adopting a black child as a second choice. The majority displayed strong sympathy for black problems and a desire to educate their child about his black heritage. Although the majority confined their criticism of the adoption agencies to minor details, many also felt that the agency had "put them on trial" and most reported receiving little or no help or interest from the agencies once the placement had been made. Recent transracial adopters were more aware and sympathetic to racial issues, younger, and slightly poorer than 125 couples who had adopted several years before the study date. The 155 social workers responding to the study questionnaire were predominately white women with at least 3 years in the adoption field and at least 1 transracial adoption. In general, they agreed that transracial adoption was much better than long-term foster care; nevertheless, they agreed that black children growing up in white homes should be educated about their racial heritage, and that capacity for parenting and good marital adjustment were most important in evaluating a couple's eligibility for adopting a black child, or any child. The social workers also were questioned about topics for discussion with potential adopters and about the economic matters they thought important for adoption. Study data are provided.

267. Gundry, Kathleen.
Council of Planning Librarians, Monticello, IL.
Public Participation in Planning and Resource Management.
Jun 78, 11p
SHR-0003155 Available from Council on Planning Librarians, P.O. Box 229, Monticello, IL 61856.

This bibliography of literature published mostly after 1970 focuses on the field of public participation in planning and resource management. The literature crosses many disciplines—political science, resource management, sociol-

ogy, social psychology, public administration, and planning. Journal articles, technical reports, conference proceedings, handbooks, theoretical treatises, and published books make up the bulk of the bibliography. Each reference is fully annotated. The 32 citations fall under three main headings. The first section on public participation in planning—theory, research, and case studies includes those references that show what part public participation has played in various planning efforts, what research has been done to determine how best to involve the public, and if any theory has been derived from the experience and research. The second section on political theory and government influences on the community lists political theory literature which explains the relationship of political power to the people and to participatory activities and provides the foundation of the interest in participatory democracy. A few references on government effectiveness and influence in this section provide a context for discussing the form participation may take at different levels of the government. The third section on public participation in design processes illustrates how resource managers, planners, and designers are beginning to recognize the usefulness of public participation in the design process. Exchange Bibliography No. 1551.

268. Hamilton, Gloria Shaw; Frankel, Joanne; and Balutis, Miriam.
Bureau of Social Science Research, Inc., Washington, DC.
Elderly Needs Assessment Survey and Inventory of Organizations Serving the Elderly. Volume I.
May 78, 182p Executive Summary available from PROJECT SHARE.
SHR-0002885 Available NTIS PC $12.00/MF $3.50

This first volume of a three–volume report on a study conducted for the District of Columbia Office on Aging by the Bureau of Social Science Research concerns a needs assessment survey of the 60 and over population of the District of Columbia. The 1,572 respondents were contacted through random digit–dialing enabling researchers to conduct interviews with households in which there was a phone with either a listed or unlisted number. Survey results showed that the approximately 105,000 elderly in the District are distributed evenly over the 8 wards. The median age of respondents was 68. Fifty–two percent owned their homes, and both owners and renters have been in their current neighborhoods for a number of years. The median income reported was between $6,000 and $10,000 per year. A total of 16.2 percent identified lack of transportation as a factor which prevents them from doing all they need or would like to do. Respondents do not feel socially isolated, and most were quite independent, managing to perform daily tasks. Assistance for housecleaning and grocery shopping was requested most often. Nutrition and daily diets were considered good by respondents. Only 21.4 percent reported working at a paying job. Twenty–two percent reported having been a victim or having known a victim of crime during the past year. Few expressed the need for available services, and only a small number participated in any program. Those who did were satisfied with the services. Overall life satisfaction, as measured by the Bradburn Affect Scale, showed that the outlook of respondents was generally positive, with no significant differences by ward or age. Tabular data are provided. See also Volume II, SHR-0002884; Volume III, SHR-0002883.

269. Hamilton, Gloria Shaw.
Bureau of Social Science Research, Inc., Washington, DC.
Elderly Needs Assessment Survey. Volume III: Combined Analysis of Needs and Services: Recommendations.
May 78, 25p Executive Summary available from PROJECT SHARE.
SHR-0002883 Available NTIS PC $5.00/MF $3.50

This third volume of a three-volume report on the results of a study conducted for the District of Columbia Office on Aging by the Bureau of Social Science Research provides an analysis of overlaps and gaps in the services available to meet the expressed needs of the elderly in the District, and outlines recommendations and suggestions for future program operations. Although service delivery organizations in the District are apparently serving large segments of the older population, particularly in the health and housing fields, all services should be expanded, particularly transportation service, emergency financial aid, legal assistance, home-health and homemaker services, and home-delivered meals. Special needs of individual wards should be considered in planning programs and allocating resources. Concentrated programs of additional outreach and informational efforts through a variety of media should be undertaken to reach the elderly eligible for various types of services. Family ties, local clubs, neighborhood organizations, churches, and volunteer organizations should be used to contact the elderly directly to assure a more immediate assessment of needs and subsequent delivery of services. Agencies dealing with the elderly should cooperate with programs designed to reduce crime, and escort services should be increased. Senior centers should be used more extensively as delivery points for services and as clearinghouses for additional information about programs for the elderly. The next step must be to identify individuals within the elderly population who are in need of specific services and assistance. See also Volume I, SHR-0002885; Volume II, SHR-0002884.

270. Hanf, Kenneth; and Scharpf, Fritz W. International Inst. of Management, Berlin (Germany).
Interorganizational Policy Making: Limits to Coordination and Central Control.
Jan 78, 373p
SHR-0003140 Available from Sage Publications, P.O. Box 5024, Beverly Hills, CA 90210.

Structural features of the political-administrative system that might account for the inability of governments to guide socioeconomic processes and developments more effectively are examined by the interorganizational characteristics of government problemsolving. All but three of the chapters are revised versions of papers presented at recent European Consortium for Political Research workshops in Berlin (1977), Louvain (1976), and London (1975). Other chapters are from papers presented at a conference on Interorganizational Decision Making held in Berlin by the International Institute of Management in June, 1975. Interrelated themes—the need for coordination, the shortcomings of central control and the difficulties of pluralistic self-coordination—are developed in the theoretical analyses and case studies drawing upon the experience of the United States and European countries in a variety of policy areas. Discussions of the structures and dynamics of decisionmaking in multilevel and multiactor systems are useful in examining the thesis that recent measures to improve the capacity of government for supraregional planning and comprehensive public policy have led to a centralization of power in the hands of higher levels of government. The second major section considers the problematic nature of central control and the phenomenon of centralization in the Federal Republic of Germany and in France. A group of case studies deals with air pollution (Federal Republic of Germany), regional planning (Denmark), and supplemental employment police (Holland). The focus is on the role of local units in implementation networks. Factors determining the effectiveness of a State grant-in-aid program in Swedish social housing policy are considered, and local networks of manpower training in the Federal Republic of Germany and Sweden are examined. References are provided. Volume 1 in the Sage Modern Politics Series. All but three chapters are revisions of papers presented at ECPR Workshops in Berlin (1977), Louvain (1976) and London (1975). Chapters by Bish and Thoenig and part of chapter by Scharpf et al. were presented at a conference on International Decision Mak-

ing held in Berlin by the International Institute of Management in June 1975.

271. Haskell, Chester D.; and Naparstek, Arthur J.
National Center for Urban Ethnic Affairs, Washington, DC.
Capacity Building in the City Government for Neighborhood Revitalization.
1977, 58p
SHR-0003056 Available from the National Center for Urban Ethnic Affairs, 1521 16th St., NW, Washington, DC 20036.

The effective delivery of public services is crucial to urban health. Such services often can be made more effective through the training of those people responsible for their delivery, especially for middle managers who have the most direct responsibility for day-to-day service delivery. Training must be realistic and take place in an appropriate context, such as the neighborhood. At the neighborhood level, middle managers can learn by dealing with real problems (of which they often are a part), collecting their own data, and participating actively in creative, diverse, and cooperative problem-solving groups. Effective training also must be linked to public policy and thus requires a policy context, such as solving neighborhood problems through the meeting of fiscal, legal, and administrative preconditions. Failure to meet these preconditions diminishes the effectiveness of service delivery. By creating disincentives for change this also means that the equity, security, and sufficiency needs of citizens are not being met; it is through meeting these needs that citizens make basic judgments about the efficacy of service delivery. Training can and should be done on many levels, simultaneously meeting many needs. Working with the human resources of city government (within the perspective of preconditions to effective neighborhood service delivery and the meeting of citizen needs) can lead to the solution of real problems and positive long-term change. Specific cities discussed include Toledo, Ohio; Providence, R.I.; Boston, Mass.; and Baltimore, Md. The appendix contains sample preliminary agenda, sample force field analysis, and a summary of recommendations from a Toledo training session.

272. Haveman, Robert H.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Poverty, Income Distribution, and Social Policy: The Last Decade and the Next.
1977, 24p
SHR-0003157 Available from Publications Department, Institute for Research on Poverty, University of Wisconsin, Madison, WI 53706.

Income poverty as a major public issue has apparently been overcome by substantial progress toward assuring minimal standards of food, housing, education, medical care, and income between 1965 and 1975. Fewer than 5 percent of the nation's households remain in income poverty when the value of in-kind transfers is taken into account. Still, serious income inequality remains. Moreover, the distribution of base income has become increasingly unequal, and demographic trends imply that still greater inequality will develop. For these reasons, and because antipoverty efforts have blocked the introduction of more efficient policies in numerous functional areas, proposals for a more direct attack on income inequality are likely to increase. Because of the legacy of the past decade of social policy, any efforts to reduce income inequality must first cope with the disjointed and uncoordinated set of income transfer and social welfare policies already operating. Both budgetary constraints and problems of work disincentives caused by cumulative income-conditioned benefits argue against the achievement of income redistribution goals through extension of the existing strategy. While the overhaul of this system with a comprehensive, national, negative income tax

accompanied by tax reform would seem to be essential if income distribution objectives are to be achieved, such an approach will continue to confront complex political problems. Because of both the failure of supply–side policies designed to increase the productivity and earnings of low–skill workers and the tendency of the labor market to increase the spread of earned income between high and low earners, direct efforts to restructure or supplement labor markets are likely to be proposed increasingly as instruments for achieving redistributive goals. These measures range from the expansion of worker rights in the management and control firms and more modest proposals for increased job security and upward mobility within firms, to more ambitious policies that would publicly guarantee employment, supplement earnings, or subsidize wage rates. (Author abstract modified). Based on an essay by the author, in 'A Decade of Federal Anti-Poverty Programs', Academic Press, 1977, and published in Public Policy, v25 n1 Winter 1977. Reprint No. 252.

273. Hawley, Timothy; and Sandall, Hilary.
Places for People, Inc., St. Louis, MO.
Intensive Workshop on the Development of Community Support Services for the Mentally Disabled: Proceedings.
1977, 211p
SHR-0003148 Available NTIS PC $13.00/MF $3.50

An intensive workshop focusing on the development of community support systems for the mentally disabled was held in October, 1976. The workshop, jointly sponsored by Regions V and VII of the Alcohol, Drug Abuse, and Mental Health Administration, drew together individuals with special knowledge of issues relating to deinstitutionalization programs and persons who have been involved in conducting such programs. This report contains transcripts of the presentations given at the workshop divided into two general phases. The first section discusses general issues related to both the needs of the client group and the problems that any agency faces in attempting to meet these needs. An overview of the problems and goals for the chronically disabled population is discussed from the Federal viewpoint. In a similar vein, a far–reaching study of deinstitutionalization programs is presented. Funding sources and strategies necessary for tapping these sources are considered. Also included in the first section is a panel discussion of issues in manpower training and utilization for deinstitutionalization programs and for developing alternative community support services. The second section represents a selection of program models that are currently in operation. One program considered is Places for People, Inc., a program that encompasses a network of residential, social, and vocational programs for the chronic psychiatric patient. A second program discussed is the Columbus Area Community Mental Health Center, which has a system of after–care service provision which includes a working relationship with the State hospital for their catchment area. The other programs discussed include a system of interagency cooperation for improving services, development of community programs and services for the mentally retarded, a program for avoiding hospitalization, and a patient advocacy program that focuses on residents of nursing homes. Appendices supplement the text. Workshop held at the Chase-Park Plaza Hotel, St. Louis, MO., October 20-22, 1976.

274. Heyneman, Stephen P.; and Daniels, William.
George Washington Univ., Washington, DC. Social Research Group.
Adolescence Research Opinion and National Youth Policy: What We Know and What We Don't Know.
1976, 82p Executive Summary available from PROJECT SHARE.
SHR-0003191 Available NTIS PC $8.00/MF $3.50

274.

A planning initiative is currently underway at HEW by the Office of the Assistant Secretary for Planning and Evaluation to define a long-range role for youth in relation to the community. As part of this endeavor a 2 day conference entitled "The Workshop on Youth Research" was held. Its purpose was to obtain a first hand, accurate, and representative perspective from experts about where youth research currently stands and where it is going. Additionally, the workshop sought practical suggestions for appropriate roles other than funding which government can play in youth research. This report interprets and summarizes the views of workshop participants, clarifying specific issues on which there was agreement and disagreement, and trying to separate these two categories of issues and consider their implications for a policy on youth. Over 60 issues were raised in a survey of participants prior to workshop attendance, and from these issues 4 themes were identified for discussion at the workshop: rights and privileges versus obligations and responsibilities, the role of the school, "normal" youth, and the relationship of the adolescence research community to the various branches of government. A question reflecting a wide diversity of concerns and perspectives was developed for each theme and presented to the participants for their reactions. The pros and cons of developing a national youth policy were reported, and suggestions for issues to be emphasized should a national youth policy be developed, such as segregation by age, normal adolescent urges, and the adolescent search for adventure were discussed. Similar discussions centered on the use of government centers for the dissemination of research data and information, improved funding procedures, and themes for a research agenda. The appendix contains a summary of points raised in each session. Workshop Proceedings on Youth Research, March 8 and 9, 1976.

275. Hoeppner, Marie.
Rand Corp.; Santa Monica, CA.
Early Adolescent Childbearing: Some Social Implications.
Mar 77, 31p
SHR-0003107 Available from Rand Corp., 1700 Main St., Santa Monica, CA 90406.

Fertility research findings indicating that illegitimate births may be becoming increasingly concentrated in the teenage years, are reviewed, along with the implications of this phenomenon for mothers, children, and society. The relationship of the changing sexual activity of American teenagers, the lack of contraceptive information, and the increase in the adolescent birth rate are also explored. Young women who experience early childbearing are faced with a number of problems. They tend to have inadequate education and are usually less employable; their pregnancies are more complicated (many cannot bring them to full term because of their young age), and they have a higher maternal mortality rate. Further, their normal socialization processes are interrupted by the birth of a child and they no longer share the same peer experiences. Emotional disturbances often arise from a sense of alienation and despair. Teenagers' inability to deal with their feelings in a stressful situation may be reflected in the higher-than-expected rate of child abuse and suicide among young mothers of illegitimate children. Illegitimate children face poorer life chances than legitimate children in terms of health opportunities and social adjustment: mortality rates are higher, weight at birth tends to be lower, behavioral problems seem to be greater, and evidence has been found of generally lower intelligence quotients. To supplement opportunities for mothers and children requires considerable cost on the part of society. Three policy options are presented: (1) greater provision of sex education programs and contraceptive services to teenagers; (2) provision of education programs which might facilitate better communication between parents and children; (3) more adoption information to pregnant adolescents, particularly in light of the excess demand in the adoption market. Tables, references, and footnotes are included. Paper prepared for a seminar on Demographic Topics in

Marriage and Fertility, University of California, Los Angeles.

276. Hoffman, Wayne Lee.
Urban Inst., Washington, DC.
Earned Income Tax Credit: Welfare Reform or Tax Relief. An Analysis of Alternative Proposals.
Sep 78, 52p
SHR-0003413 Available from Urban Institute, 2100 M St., NW, Washington, DC 20037.

Widespread discussion of both welfare and tax reforms has generated strong interest in altering the Earned Income Tax Credit (EITC), a section of the Internal Revenue Code which provides tax relief and income supplementation to families of the working poor. As the only program which operates nationwide to assist the working poor with cash income supplements, the EITC is viewed as a vehicle for reducing the serious inequities in the coverage of other public assistance programs. Four EITC proposals have been introduced in Congress. Each is part of a larger proposal for changes in the welfare system. These EITC proposals are similar or identical in several respects: only wage earners with dependent children are eligible, the expected tax credit would be used to reduce Federal tax–witholding deductions in low–income workers' paychecks, rather than provide the single annual tax–refund adjustment of the EITC, no credit would apply to income from public employment jobs, and three of the four proposals would vary the amount of credit based on family size. The maximum credit available in these proposals ranges from 1.5 to 3 times the $400 maximum available in existing law. The net additional revenue costs of the proposals range from approximately $1 billion to $5 billion. The structure of the EITC is similar, but not identical, to many other income transfer and tax credit programs. However, none of the proposed EITCs would substantially increase the well–being of the poor. Even though each would increase the incomes of those in poverty, the net increase in total income of the poor would range only from 0.7 percent to 1.7 percent. When evaluated for their efficiency in reaching the poverty population, the proposals differ, but none are as efficient as either the existing or an inflation–indexed version of existing law. Extending eligibility for the credit to taxpayers without dependent children is even less efficient in reducing poverty and the costs of such an extension for each of the proposed EITCs is more than double the cost of the extended versions. While each of the EITC plans is part of a welfare reform proposal and may reduce inequities that would remain under their corresponding welfare reforms, the changes that have been proposed in EITC are inefficient vehicles for providing cash assistance to the poor. Tables, footnotes, and references are included. Urban Institute paper on Income Security.

277. Hogue, Joanne.
National Association of Housing and Redevelopment Officials, Washington, DC.
Housing Handicapped and Disabled Persons. A Training Manual.
1978, 159p Executive Summary available from PROJECT SHARE.
SHR-0002942 Available NTIS PC $11.00/MF $3.50

This training manual is designed to assist individuals and groups involved in the development of residential living environments for persons with physical and / or mental handicaps. Handicapped individuals are eligible for assistance under programs administered by HUD and the Farmers Home Administration in the Department of Agriculture. Neither Congress nor HUD, however, has developed specific guidelines for the design and operation of housing. Goals in the development of the training manual are to train teachers of other trainers so that the number of persons equipped to communicate knowledge in the area of housing for the handicapped can be expanded, to train an initial cadre of governmental and nongovernmental

277.

trainers who can directly inform local groups about the planning and management of housing for the handicapped and disabled, and to train resource persons within appropriate agencies and groups so that they can carry out an information and referral service on such housing. Seven sections of the training manual contain information and materials pertinent to the purpose of training, the focus of training and techniques for the implementation of training, guidelines for conducting the training program and for using the training manual, training procedures, training techniques, and the provision of necessary followup training. Sample forms for recording and reporting training activities and instructions for preparing them are presented. Loose-leaf items to aid in training are included. Appendices list faculty of the training institute conducted by the National Association of Housing and Redevelopment Officials in 1977 and contain a list of training institute participants. See also companion document, SHR-0002941.

278. Holmes, Douglas; and Holmes, Monica B.
Community Research Applications, Inc., New York.
Homemaker and Home Health Services for the Elderly. Program Development Handbook for State and Area Agencies.
Oct 77, 174p
SHR-0003200 Available NTIS PC $11.00/MF $3.50

Following a review of the importance of homemakers and home health services to elderly persons, this handbook details benefits which may be reimbursed under Medicare, Medicaid, and Title XX of the Social Security Act. These services are generally provided by local public and private agencies under the supervision of a State agency. To be eligible for reimbursement, an agency's personnel and services must conform to Federal standards, which are explained. Several alternative models of service delivery exist: the home health agency, the homemaker-home health aid agency, the homemaker unit of a multiservice agency, and specific services offered either through individual agencies or a consortium of agencies. Regardless of the form of delivery, agencies should identify needs, organize for effectively meeting these needs, train personnel, and carefully monitor performance. Methods for achieving each of these goals are explained in detail. An annotated bibliography is provided, along with extensive appendices containing a sample questionnaire for assessing existing programs, the publications list of the National League for Nursing, and the National Council for Homemaker-Home Health Aid Services, Inc., sample job descriptions and experience requirements, sample referral forms, and sample client assessment and plan of care forms. One of a series of service-specific Handbooks by the Administration on Aging.

279. Houghton, Joan; and Daniels, William.
Department of Health, Education, and Welfare, Washington, DC. Intra-Departmental Committee on Runaway Youth.
Runaway Youth: A Status Report and Summary of Projects.
31 Mar 76, 66p
SHR-0003193 Available NTIS PC $7.00/MF $3.50

Focusing on the status of HEW activities on behalf of runaway youth and their families as of March 31, 1976, this report provides background information, discussions of projects supported by various offices and agencies of DHEW, preliminary analyses, and preliminary conclusions based on the information reviewed to date. In response to growing public concern over the problem of runaway youth, DHEW determined that special emphasis should be placed on the problem and needs of runaway youth and their families. To facilitate the exchange of information and the development of a coordinated approach to the problem, an Intra-Departmental Committee on Runaway

Youth was established. The committee identified five primary types of activities to be undertaken: (1) research; (2) information and data gathering; (3) service and training / community education, model demonstrations, and evaluation; (4) the development of standards and guidelines; and (5) the provision of technical assistance and training. The following are the general findings of preliminary analyses of committee activities: (1) the problem of runaway youth is extensive and, without effective intervention, likely to be continuous; (2) the runaway problem is complex, having multiple causes and requiring the development of multiple approaches; (3) although survival needs are of most concern to the majority of runaways, most do not seek help from traditional agencies; (4) family problems and conflict is cited as the major reason for running away; (5) female runaways present a special set of problems requiring a special focus; (6) low involvement and achievement in school are important correlates of runaway behavior; (7) existing laws and regulations are a major problem area in limiting the independence of young people and their access to institutions and services which might be of critical importance; and (8) more information needs to be developed regarding race and ethnicity as special factors in running away. A listing of offices and agencies of HEW supporting runaway youth projects, a listing of projects supported under the Runaway Youth Act, summaries of individual runaway youth projects, and a bibliography of materials developed by the projects are appended.

280. Human Services Research, Inst., Washington, DC.
Evaluation of the Mental Health Pilot Project in the Northeast Region of Pennsylvania.
31 Jan 78, 192p Executive Summary available from PROJECT SHARE.
SHR-0003137 Available NTIS PC $12.00/MF $3.50

The results of a 15-month study of the Northeast Pilot Project conducted by the Pennsylvania Department of Public Welfare are presented in this 1978 evaluation report. The project attempted to address the problems facing the State's mental health system in the 1970's. The pilot project was targeted on Retreat State Mental Hospital located in Hunlock Creek, Pa. The project proposal called for the deinstitutionalization and transfer of able patients from Retreat in addition to the subsequent phaseout of the hospital's operations. A coordinated State and county effort was envisioned to carry out these objectives. The project management process used in implementing this project involved organizing, overall planning, budgeting, service development, monitoring, and coordination of State and county administrative agencies and service providers. Existing client management procedures at Retreat and local community mental health centers (CMHC's) were modified to be more responsive to project goals. The central personnel objective of patient deinstitutionalization and hospital phaseout was the relocation of the hospital staff. Despite a 34.1 percent decline in Retreat's patient load (compared to 20.3 percent in other State hospitals), project objectives were found to be inherently conflicting and counterproductive. The project was plagued by a lack of direction and pressures created by an inflexible schedule. In addition, the project created serious hospital staff, community, and political opposition. Efforts aimed at patient deinstitutionalization and closure of hospitals should not be carried out simultaneously within the same institution. A consolidation policy should establish rules and procedures governing closures. Major institutional consolidation plans involving abolition or redefinition of jobs and programs should only be carried out when alternative programs are available and there is sufficient State support for such an effort. In view of these findings, the State Mental Health Plan should be refined and expanded. Tables are included along with an appended description of project surveys.

281. Human Services Research Inst., Washington, DC.
Iowa Mental Health System: A Firm Foundation for Change.
28 Feb 78, 531p Executive Summary available from PROJECT SHARE.
SHR-0003139 Available from Iowa State Legislature, Des Moines, IA 50309.

This final report on the Iowa mental health system, prepared by the Human Services Research Institute, presents a comprehensive picture of the existing delivery system, the clients of the system, the agencies that provide ancillary support services to the mentally ill, and the various auspices under which mental health services are provided. The material is intended to provide the Iowa Legislature with a unified base of information that can be useful in determining the various options for system reform and expansion. Data were collected through on-site visits to mental health facilities throughout the State and extensive interviews and surveys. The mental health system is examined according to major key elements of a comprehensive service system—service delivery, resource development, quality assurance, organization and management, and planning. Each of these areas of the existing Iowa mental health system is assessed using predetermined criteria; recommendations are offered. A major recommendation is the development of locally controlled mental health consortia among the major mental health providers in four or five sub-State areas. Recommendations in the area of resource allocation speak to training needs and funding procedures and sources and in the area of quality assurance, steps required to obtain accreditation and implement needed technical assistance are addressed. The report advises appointment of a State Advisory Council for Mental Health and passage of a comprehensive mental health planning statute. The appendices provide samples of data collection instruments and survey and interview responses.

282. Illinois Dept. of Public Health, Springfield.
Plan for Public Health Services: Fiscal Years 1978-1980. Illinois Human Service Plan, Volume 7.
Jul 77, 97p
SHR-0002221 Available NTIS PC $8.00/MF $3.50

This report to the Illinois General Assembly delineates the administration, and activities, expenditures, and recipients of existing or expected services of the Illinois Department of Public Health from 1976 to 1980. The department is presently providing the citizens of the State with 23 services which fall into two categories: preventive health measures, such as immunization and basic multipurpose grants to local health departments; and individual service programs affecting certain groups of people or to take care of specific illnesses, problems or needs—services such as cervical cancer screening, grants to people suffering from terminal diseases, or vision and hearing tests for children. Following an overview of the Department of Public Health and its purpose the report describes future directions and project changes in services and administration. A description of the 23 services is provided, together with cost summaries; discussion deals with the target population, service goals, delivery methods, funding information, and expenditures. The costs for each service or program are examined. A description is provided of all the programs designed for a target problem among a certain group of people, the chosen problem here being death among the very young. The delivery process is presented by substate area for each of the 23 services. In addition, the report contains a summary of the number of people served and expenses incurred, by service, from 1976–1980. Many charts and tables are included. An appendix gives the ratio of citizens per dentist in every Illinois county. See also Volume 1, SHR-0002098; Volumes 2-6, SHR-0002216—SHR-0002220; Volumes 8-13, SHR-0002222—SHR-0002227 and related document, SHR-0002228.

283. Illinois Dept. of Children and Family Services, Springfield.
Protective Services for Abused and Neglected Children and Their Families. 1979 Plan for the Illinois Department of Children and Family Services. Phase II: Program Statement. Illinois Human Services Plan, Volume I.
Nov 78, 82p
SHR-0003159 Available NTIS PC $8.00/MF $3.50

This plan describes the services for abused and neglected children offered by the Illinois Department of Children and Family Services, reviews legal and social trends which are creating new demands, and presents recommendations. Historically, the department has focused on the investigation and followup of reports of abuse and neglect, using the resources of many private agencies to augment the services available publicly. The department also maintains a central registry of child abuse and neglect information which is a major source of statistical data. Increasingly, the department is being asked to prevent the maltreatment of children through public education, early identification of potentially abusive situations, parent education programs, and family support services. Adequate staff is needed statewide to investigate all child abuse and neglect reports within 24 hours. Temporary placements need to be reduced and good homes assured for these children by (1) increasing support services to families to enable children to remain in their own homes, if this is consistent with the child's safety, or (2) arranging for adoption as soon as possible. Several recent legal mandates have refocused department efforts on the most serious cases and reduced processing time. Appendices contain laws governing the department's operations, a map of service areas, a description of the East St. Louis program, budget data, and statistics on the incidence of child abuse in Illinois. Footnotes and a bibliography are included.

284. Information Center of Hampton Roads, Norfolk, VA.
Information and Referral: How To Do It. Volume I, Part III, ICSIS-Information Center Services Identification System.
1975, 174p Executive Summary available from PROJECT SHARE.
SHR-0000819 Available NTIS PC $11.00/MF $3.50

One of four volumes describing the Hampton Roads, Virginia, Information Center and proposing a model for other communities to follow in establishing an information and referral system to community human service providers, this report focuses on the Information Center Services Identification System (ICSIS), the core element of the Hampton Roads information system. ICSIS is based on the United Way of America Services Identification System and is used to classify community services data for storage and retrieval in the computing system, to identify the content of inquiries received at the center, and to analyze client problems and relationships between the problems and community services. ICSIS is used for data collection and surveying of agencies providing services, for handling inquiries and requests, and for followup, planning, and research. ICSIS consists of a numerical code system organized by goal (adequate income and economic opportunity, optimal environmental conditions / basic material needs, optimal health, adequate knowledge and skills, optimal personal and social adjustment and development, and adequately organized social instrumentalities), and by subgoals (e.g., job finding, disaster relief, air transportation development / maintenance, disability insurance, income maintenance services system, food supplements programs, fire control and extinction, etc.). The goals and subgoals are defined and an alphabetical index to the subject areas within ICSIS is provided. See also related documents Volume I, Part I, SHR-0000817; Part II, SHR-0000818; Part IV, SHR-0000820; Volume II, SHR-00003102.

285. Johnson, Carolyn; and Kravitz, Marjorie.
National Criminal Justice Reference Service, Washington, DC.
Halfway Houses.
Mar 78, 45p
SHR-0002911 Available from National Criminal Justice Reference Service, Box 6000, Rockville, MD 20850.

This bibliography addresses the critical issues in halfway house operations, evaluations, and innovations. Most of the 69 citations in this compilation contain descriptions and evaluations of specific facilities, providing a picture of the situation as it exists and enabling the researcher to compare facilities with each other and with nationally recognized standards. Documents were selected from the data base of the National Criminal Justice Reference Service. Citations are presented in three parts: (1) development, standards, and program descriptions; (2) evaluation; and (3) directories. Documents in the section on "Development, Standards, and Program Descriptions" discuss the concept underlying halfway houses and describe the development of halfway houses in specific communities. Guidelines and standards for halfway houses and descriptions of specific programs are also included. The section on "Evaluation" lists documents on halfway house evaluations, both fiscal and program. The measures of evaluation are varied and include cost–benefit analyses, recidivism rates, and the effect of halfway houses on crime. Summary reports of the National Institute's National Evaluation Program are also included. The "Directories" section furnishes published listings of halfway house facilities. Information about how to obtain the documents is also included. Lists of sources and resource agencies are provided in the appendix.

286. Katz, Sanford N.
Child Welfare League of America, Inc., New York.
Model State Subsidized Adoption Act and Regulations.
1975, 20p
SHR-0003108 Available NTIS PC $5.00/MF $3.50

Many children with physical, mental, or emotional handicaps, children of various minority groups, older children, and sibling groups are available for adoption but are unable to be placed in adoptive homes. Often these children are relegated to institutional care or the uncertainties of foster family care at substantial cost to the States and at immeasurable cost to the children. Consequently, the Model State Subsidized Adoption Act and the accompanying Model Regulations were developed to help qualified families assume permanent responsibility for these special children. Subsidized adoption provides reimbursement after a child has been placed for adoption, according to a prior agreement between the adoptive parent(s) and the social agency. This agreement is tailored to the child's needs, and may allow for a specific medical, legal, or other cost, including monthly reimbursement for limited or indefinite periods. No fixed age has been set for terminating the subsidy, although the age of majority is the determining factor in a great majority of cases. In addition, relocation by the child's family to another State should not affect the continuity of the subsidy. The Act and Regulations are set out in full.

287. Kell, Amy.
National Association of Housing and Redevelopment Officials, Washington, DC.
Delivery of Human Resources Under the Target Projects Plan.
Dec 77, 133p
SHR-0003158 Available from NAHRO Publications, 2600 Virginia Ave., NW, Suite 404, Washington, DC 20037.

The Target Projects Program (TPP), initiated by HUD in 1974, aims at the application of the best knowledge, personal skills, and technology to the difficult tasks associated with managing multifamily housing developments, particularly in troubled urban neighborhoods. As a compo-

nent of the management-by-objectives program structure of TPP, participating housing authorities had the option of selecting goals and objectives related to the development or strengthening of human resources programs, reducing the incidence of crime and vandalism, improving residents' economic status, and improving community and resident services. This approach provided an opportunity to test new management concepts and service delivery techniques within public housing. Twenty-six case studies are presented to document this process and illustrate the results of the 2-year TPP effort for human resource programs. The case studies provide specific information relating to the initiation, development, and operational experience of human resources programs. The potential for transferability of the programs is also indicated, and the effect of these programs on administration, management, and residents is also discussed. Although the TPP process is not evaluated, TPP case studies, viewed as efforts at management improvement, indicated that an integration of certain ingredients is necessary for implementing management improvement successfully. These include long-range planning, involving residents and community resources, and money beyond that available from regular operating subsidies. Case studies are categorized under the topics of tenant economic development, safety and security programs, social services, and funding strategies and marketing efforts. Samples of the research tools used in the case studies are provided. Second in a series of NAHRO technical bulletins.

288. Kim, Dong Soo.
Norfolk State Coll., VA. Graduate School of Social Work.
Issues in Transracial and Transcultural Adoption.
1978, 10p
SHR-0003162 Pub. in Social Casework p477-486 Oct 78.

The transracial adoption of a large number of children from Korea, Vietnam, South America, and other Third World countries has raised questions not only of the early adjustment of the children, but also of their long-term mental health. Empirical data seem to confirm the impression that the so-called good adjustment of these children is being accomplished at the cost of their unique ethnic cultural heritage and identity, partially reinforced by parents' expectations. Social work services for such children and their adoptive families should be geared toward helping them develop a genuine interest in the unique quality of their ethnicity in order to facilitate a competitive and compensatory self-actualization in this society. Such a developmental approach to the issues may include establishing a sense of security, positive ethnic identity, and progressive acculturation in these children. Mental health may be best achieved by a positive affirmation of a person's totality in any given environment. Social workers may then help parents and other family members to sensitively and honestly appreciate the children's wholeness. Accepting their needs as the family's and sharing their futures as the family's may contribute not only to a happy and healthy family life, but also a creative pluralistic society. Fostering historical continuity and social linkage with the children's background may produce a small, yet precious, psychological and social catalyst by which these and other children can live in a healthier fashion. (Author abstract). Based on a paper presented at the American Association of Psychiatric Services for Children, 29th Annual Meeting, Washington, DC, Nov. 16-20, 1977.

289. Klepinger, Brian W.
Denver Univ., CO. School of Social Work.
Interdisciplinary Education for Social Work Administration. Promises and Problems. Part 1.
1978, 12p
SHR-0003071 Pub. in Administration in Social Work v2 n2 p137-148 Summer 1978.

289.

The first of a three–part series examining the trend toward joint degrees in social work and administration, this article investigates current developments and problems of such programs. Because rapid increase of social welfare services coupled with dwindling resources has resulted in a growing need for effective social welfare management, social work schools must provide management courses to future social work administrators, or collaborate with business or public administration departments for administration concentrations or joint degrees. But because social work schools have hestitated in developing management courses and business or public administration schools have much experience in teaching management, the trend has been toward joint–degree programs. Recent studies show that over half of all social work schools in the country are offering or thinking of offering joint–degree programs. Arguments favoring these programs include a better education for social work administrators, enhanced credentials and greater job opportunities, and broader viewpoints. Problems include possible loss of respect for the social work profession, since business degrees or public administration degrees are more prestigious, incompatibility between social work and business goals, loss of autonomy for schools of social work, practical problems such as increased costs for students, and administrative difficulties. However, social work administration is served best by first defining its needs for skills and knowledge and then comparing them with offerings in business or public administration curriculums. A bibliography is included. See also Part 2, SHR-0003070; Part 3, SHR-0003069.

290. Lawson, Quenton; Reich, Larry; and Smith, William.
Baltimore City Dept. of Planning, MD. Human Services Planning Section.
1978 Services to City Residents. Human Services Reporting System.
1978, 121p
SHR-0003116 Available from Baltimore City Planning Commission, Dept. of Planning, 222 East Saratoga St., 8th Floor, Baltimore, MD 21202.

The Human Services Reporting System identifies and classifies the services offered to the people of Baltimore by the Baltimore government and is meant to be used by government officials to manage and plan city services. Its major component, the Baltimore Area Services Identification System (BASIS), groups services that are similar, giving each an identification number. It includes the names of various city agencies and their divisions which offer or sponsor the service for nongovernment organizations, the name of the project corresponding to the service, the number of people participating, and the number of places the service is offered. The matrix on which BASIS is displayed allows similar services with identification numbers in sequence to be grouped together. The report contains a display on the matrix of the items in the BASIS outline, with explanatory remarks or additional information. The services offered are those under the broad headings of provisions for (1) income; (2) health; (3) acquisition of knowledge and skills; (4) social adjustment and development; (5) public protection, justice, and safety; and (6) community environment. The last section is devoted to problems, weaknesses, and gaps in the services reported, with recommendations for their solution.

291. MacDonald, Maurice; and Sawhill, Isabel V.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Welfare Policy and the Family.
1978, 31p
SHR-0003426 Available from Institute for Research on Poverty, University of Wisconsin-Madison, Madison, WI 53706.

The difficulties of defining and implementing a neutral welfare policy are examined. Such a pol-

icy would neither encourage nor discourage various kinds of family behavior such as marriage or childbearing. The feasibility of such a program and the extent to which departures from neutrality actually influence people's behavior are discussed. Welfare policies that are neutral with respect to incentives for marriage, childbearing, and living arrangements cannot simultaneously preserve a humane and affordable income transfer system, given the fact that they may conflict with other program goals. For example, current welfare policy denies welfare benefits to two-parent families that are available to similarly situated one-parent families. This policy is based on "need" (economic requirements of smaller units are considered to be greater than those of larger units) and "equity" (individuals in larger families can live more cheaply than those in smaller ones). Realistically, there is little evidence that extending welfare benefits to all families will reduce family instability for several reasons: (1) government policy is only one among many influences affecting family stability, and these other influences appear to be the dominating ones; (2) the antifamily nature of welfare policies is largely due to their provision for adults, especially women, with alternatives to dependency on relatives; and (3) there is insufficient evidence and too many different kinds of life styles and values to justify favoring one kind of family or living arrangement over another. Footnotes and tables accompany the text. Number 283 of the Institute's reprint series.

292. Maiese, Deborah Rodock.
Center for Municipal and Metropolitan Research of the National Capital Area, Washington, DC.
Rising Hospital Costs in Metropolitan Washington.
Jan 79, 28p
SHR-0003164 Available from Center for Municipal and Metropolitan Research of the National Capital Area, 1717 Massachusetts Ave., NW, Suite 403, Washington, DC 20036.

Recent trends in total hospital expenditures in the Washington, D.C., metropolitan area are analyzed in this preliminary study of the rapidly increasing hospital costs in the area. Published by the newly established Center for Municipal and Metropolitan Research, the report notes that hospital expenditures have risen more steeply in the Washington metropolitan area than in the nation. It states that the problem is somewhat hidden from the public by widespread third-party insurance coverage and tax-supported health expenditures. In 2 years, 1976 and 1977, hospital costs rose 33 percent in the United States and 37 percent in the Washington metropolitan area. When specific cost items (internal factors such as employment levels, pay raises, new technology, and external variables such as balancing the metropolitan area bed capacity with utilization trends and services) are examined, results show that many interrelated factors push hospital expenditures upward. Excess bed capacity, personnel costs, service technology, and utilization clearly are factors. Further study of the principal components of rising costs is recommended. The study also outlines the various approaches being used by area governments to come to grips with rising costs. Health planning and cost review are the primary methods used for controlling hospital costs, but some beginning steps in regional cooperation and coordination have been taken. It is suggested that an expanded regional planning effort, involving consumers and payors (especially major businesses) be undertaken. Appendices include tables on area hospital expenditures and payrolls, hospital employment, and average salaries of personnel, trends in D.C. health service employment, and change in average Medicaid reimbursement per inpatient day in D.C. hospitals. (Author abstract modified).

293. Maple, Frank F.
Michigan Univ., Ann Arbor. School of Social Work.
Shared Decision Making.

293.

1977, 135p
SHR-0002947 Available from Sage Publications, Inc., P.O. Box 5024, Beverly Hills, CA 90210.

In this manual for members of the helping professions, a method of interviewing clients or helpseekers is presented in which both sets of parties have clear-cut rights and responsibilities. Helpers guide clients to problemsolving goals, to approaches to those goals, and to plans of action. Effective helping seems to be frustrated by the relationship between helper and seeker; i.e., the relationship of superior to subordinate. Also, too much talking about problems, rather than decisions on possible goals and solutions, leaves helpers and clients too emotionally spent to make plans. Shared Decision Making (SDM) encourages communication between both parties on an equal basis and has goalsetting as its focus. The helper's responsibilities are (1) to decide whether the time, place, and their area of expertise are right for the client's need, (2) to guide the conversation through to goal identification, approach, and action plan selection, (3) to make sure the interview goes well, and (4) to give suggestions and help appraise the plan of action. Clients propose and decide upon the goals, approaches, and plans. Most important, the helper-interviewers must listen closely, remembering their position as advisors, clarifiers, and elicitors, rather than as dictators. They should restate the client's problem and goal statements, identify goal statements as they develop, and offer continual assurance that they understand what the client means or is saying. Chapters include instructions on how to conduct SDM interviews, discussion of the advantages and disadvantages of using SDM for groups, and instructions for teachers. Illustrations, examples, and study questions are included; scripts of SDM interviews appear in the appendices. Volume 4 in the Sage Human Services Guides.

294. March, Michael S.
Bureau of the Budget, Washington, DC. Office of the Director.
Neighborhood Center Concept.

Apr 68, 15p
SHR-0002117 Pub. in Public Welfare p97-111 Apr 68.

Four models for the organization of health, education, manpower, welfare, and other social services are described, all of which are based on the concept of neighborhood centers. In the delivery of social services in a coordinated and responsive way by neighborhood centers, citizen involvement in planning, development, and operation is critical. The primary focus in the neighborhood center concept is on the service delivery system as an instrument for resolving social and economic problems experienced by individuals, families, and communities. Essential elements in the concept are colocation of agencies and services in a single building and the integration of services through central administration and core services. Each of the four models assumes that action has been taken to organize a community adequately and to involve residents through (1) an advice and referral center, with contact, cursory screening, and advice / referral functions; (2) a diagnostic center, with intake (outreach, cursory screening, and advice / referral) and counseling (team diagnosis, comprehensive service plans for families, and case management that includes advocacy and followup) functions; (3) a one-stop multipurpose service center, with central intake and central diagnosis functions and the colocation of specialized service agencies along functional lines; and (4) a network or system of centers, with a one-step center and outlying areas served by diagnostic centers and advice / referral stations. The main objectives of any organizational model or arrangement for the delivery of social services are improved community and neighborhood organization and participation, more effective and better articulated service delivery systems, service goals which extend beyond the individual to the family as a unit and the neighborhood, and services that are directed to the resolution of problems. Criteria for achieving these objectives are outlined, and factors influencing the need for neighborhood centers are noted. Illustrations of

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the four models are included. Presented at the Annual Meeting of Community Research Associates, New York, Dec., 1967.

295. McDaniel, Reuben R.; and Morris, Sara A.
Texas Univ. at Austin. Graduate School of Business.
Effective Use of Personnel in Human Service Systems.
Jun 78, 37p
SHR-0002983 Available NTIS PC $6.00/MF $3.50

The role of professionals in human service organizations is discussed. Through an examination of system tasks, managerial functions, and creativity in organizations, the report shows how the manager of human service systems may be able to use professional personnel more effectively and efficiently. All organizational systems must perform the following tasks if they are to survive: (1) goal negotiation, (2) planning for reaching goals, (3) control of organizational behavior, (4) environmental scanning, (5) analysis of routine information, (6) analysis of nonroutine information, and (7) performance of functional transformations. The professional employee in a human service organization has an important role to play in each of these tasks. The seven tasks required to operate a system can only be achieved through a limited number of managerial functions: process–following, problemsolving, decisionmaking, conflict management, and change management. Aspects of each of these functions are discussed, and the manager's use of professionals in each of these functions is considered. The problems and concerns of human service organizations are such that managers and professionals in the organization are constantly required to engage in creative behavior. Through a better understanding of the creative process, managers can develop organizational structures and managerial strategies which will encourage professionals to be more creative in seeking solutions to the special kinds of problems that are emerging in the human service systems. Steps in the creative process are described, and ways the manager may stimulate, support, and guide creativity in professionals are discussed. References are provided. Adapted from a presentation to the Child Welfare League 1978 Southwest Regional Conference.

296. McDaniel, Reuben R.; and Morris, Sara A.
Texas Univ. at Austin. Graduate School of Business.
Management of Human Service Systems.
Jun 78, 30p
SHR-0002982 Available NTIS PC $6.00/MF $3.50

Based on the premise that only through careful organizational analysis can the best clues to successful management be discovered, this report identifies six characteristics of all organizations and six unique characteristics of human service organizations. Each characteristic is defined and some of the special implications for human service managers are discussed. An organization may be defined as a goal–directed, complex social unit which has a locus of power, substitutability of personnel, division of labor, and a history or memory. The manager of any organization must therefore be concerned with the management or determination of goals, development of complex social units, appropriate use of power, substitutability of personnel, effective division of labor, and maintenance of organizational memory. Each of these management functions is examined. Although human service organizations share a number of characteristics with all organizations, they are different in several ways. The manager must understand the distinguishing characteristics of the human service system, because these will directly and significantly influence the strategies available for reaching organizational goals. An investigation of a variety of human service organizations, such as hospitals, schools, psychological counseling centers, and welfare agencies, led to the

identification of six characteristics which, taken as a set, differentiate human service organizations from other systems. These are client control over outcomes, lack of technology, complex interactions with other systems, long time horizon, difficulty in cost–benefit analysis, and participation of professionals in direct service delivery. Each of these distinguishing characteristics is examined in detail to see how managerial strategies are affected. References are provided. Adapted from a presentation to the Child Welfare League 1978 Southwest Regional Conference.

297. McDonald, Thomas Patrick.
Department of Health, Education, and Welfare, Washington, DC.
Separation of Income Maintenance and Social Services in the AFDC Program: A Study of Help-Seeking Behavior.
1977, 217p
SHR-0002958 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

This doctoral dissertation reports on a field study in the Hennepin County, Minn., Public Welfare Department of the effects of the 1973 separation of social services from income maintenance programs. The study was aimed at identifying conditions related to the separation policy which affected welfare recipients' use of assistance. Three factors, hypothesized as influencing helping behavior and varied in a factorial design, were locus of help initiation, provision of grant supervision, and amount and quality of information provided recipients regarding health and social services. The study, which was conducted from November 1971 to January 1974, consisted of 147 experimental subjects and 155 control recipients. Subjects were asked to complete a series of questionnaires at the time they entered the experiment and again, when they ended involvement in the study. These questionnaires were also administered to social workers and eligibility technicians who had contact with participants. Demographic data and data on psychological measures, knowledge of and attitudes toward social services, and measures of attitudes toward the welfare system and welfare workers were collected. The findings indicated that subjects viewed the new separated delivery system negatively. They viewed social workers as being more concerned and helpful under the combined system. Welfare workers had similar feelings toward the old system in which they had initiated contact with recipients. The findings suggest that problems may exist with the separation of social services from income maintenance programs, and that separation may hinder recipients from requesting services readily available to them under the combined system. References and statistical tables are included. Statistical methods used in the study are appended. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at University of Wisconsin-Madison.

298. Melemed, Brina B.
National Council on the Aging, Inc., Washington, DC.
Making Title XX Work. A Guide to Funding Social Services for Older People.
1979, 54p
SHR-0003474 Available from NCOA Publications Sales Dept., 1828 L St., Suite 505, Washington, DC 20036.

This guidebook provides information necessary to develop effective State and local strategies for increasing the availability of services for older persons. Its focus is Title XX of the Social Security Act—a $2.5 billion Federal resource to finance social services to persons of limited income. Under Title XX, the types and scope of services provided and the categories of individuals eligible to receive these services are decisions left to the discretion of each State. Early in 1976, the National Council on Aging—a private, nonprofit agency providing consultation, training, and technical assistance to practi-

tioners in the field of aging—undertook an assessment of Title XX in relation to services for older people. In addition to reviewing each State's social services plans and related materials, the project staff visited seven States to gain additional insights into Title XX as it was being implemented. After reviewing the requirements of the States' Comprehensive Annual Services Program plans, three variables were determined to be of particular relevance to Title XX program implementation: proportion of supplementary security income recipients 65 and older, the level at which the Title XX program was being administered (State or county), and the position of the designated Title XX agency in the State governmental structure. In each of the seven States involved in the project, on-site discussions were held with Title XX agency administrators and their staffs, as well as with State Office on Aging personnel. The guidebook does not focus on Title XX implementation in the particular States studied; rather, it addresses major aspects of the program relevant to the Title XX program in all States. The first part of the volume examines Title XX as a resource for social services, as it considers a historical perspective, an overview of the current program, program goals, the Federal ceiling, administrative requirements, and eligiblity for services. The implementation of Title XX is examined in the second part. The appendix presents various charts and tables of data bearing on the implementation of Title XX for older persons. Title XX Assessment Project.

299. Metropolitan Applied Research Center, New York.
Improving Employment Opportunities for Female Black Teenagers in New York City.
1977, 262p Executive Summary available from PROJECT SHARE.
SHR-0003059 Available NTIS PC $15.00/MF $3.50

In New York City, the unemployment rate for young black females in the early 1970's was the highest of any sex and age category in the labor force. To develop an intervention strategy for assisting young black women to enter the labor force, this project was initiated as a followup to another study which determined that peer group support and reinforcement may be capable of altering some of the outcomes in the labor market for black teenagers. In this followup report, the effectiveness of the peer group mechanism is analyzed, concentrating on the role of peer aides and the utilization of labor market information in the job search and career plans of unemployed black teenagers (aged 16–19 years). The project took place under the aegis of the Northside Center for Child Development and consisted of 51 participants who were distributed among 5 peer groups. Each group met 2 hours per week with a peer aide who led job search interviews, field trips, seminars and workshops, tutoring and training, cultural activities, and special group projects. The experimental group's high rate of employment was indicative of the role played by the program and peer aides in the job placement process. The project staff was directly responsible for obtaining jobs for more than one-half of the experimental group members. Conversely, only slightly more than one out of three of the control group became employed during the project's duration. Research showed that participants who were in school held positive attitudes toward the job market whereas persons who had already left school viewed their job future with pessimism. Moreover, most participants had standards similar to those of the average person concerning occupations they hoped to hold. The program initiated an awareness among participants of the level of education required in relation to desired jobs and careers. It appears that the peer group process—sharing information and encouragement—influenced participants' job and career orientations as well as their labor-market behavior. Appendices contain a sociometric analysis and inventory of the group process, questionnaires concerning work and occupational aspirations, chronological portraits of two participants, and a sample of train-

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299.

ing instruments. Extensive statistical data are included. R and D Monograph No. 47.

300. Miami Valley Regional Commission, Dayton, OH. Dayton-Montgomery County Partnership Project.
Dayton-Montgomery County Partnership Project: Research Findings and Year III Implementation Strategy.
Jul 77, 184p
SHR-0002968 Available NTIS PC $12.00/MF $3.50

The City of Dayton, Ohio, Montgomery County, Ohio, the United Way of the Dayton Area, and the Miami Valley Regional Planning Commission joined together to sponsor a research effort through HEW's partnership to improve the delivery of services program. Project goals were (1) to enhance the analytical capacity of decisionmakers at the city, county, and regional levels to plan for and manage human service delivery; and (2) to amend the current intergovernmental structure to promote more effective delivery of human services to the residents of Montgomery County. This report presents a detailed description of the 2-year research effort conducted by the Dayton-Montgomery County Partnership Project. The material is divided into three sections—a detailed presentation of the data, a description of the proposed joint planning and problemsolving process, and the research methodology. Data from the individual agency profiles are presented in a series of figures and tables which graphically depict the current structure of the publicly funded human services system in Montgomery County. The description of the development of the joint human service planning and problemsolving process includes a discussion of the structure and anticipated activities of the core planning group and an evaluation plan devised to test the effectiveness of the process. A brief statement of the project's status at the close of the first quarter of year 3 is provided. A section describes the boundaries of the study, the objectives established for year 1 and year 2, the methodologies used to collect and analyze the data, and an explanation of the problems encountered in collecting the data. The appendices include service category definitions, a sample agency profile, and a sample questionnaire. (Author Abstract Modified). See also related documents, SHR-0002966; SHR-0002967.

301. Miami Valley Regional Planning Commission, Dayton, OH. Dayton-Montgomery County Partnership Project.
Dayton-Montgomery County Partnership Project: Summary of Research Findings and Ongoing Human Service Planning Activities.
Nov 77, 63p
SHR-0002966 Available NTIS PC $7.00/MF $3.50

The Dayton–Montgomery County, Ohio, Human Services Partnership began in 1974 as a research project funded by the U.S. Department of Health, Education, and Welfare. Two long-range goals were set for the partnership: (1) to enhance the analytical capacity of decisionmakers at the city, county, and regional levels to plan for and manage human services; and (2) to amend the intergovernmental structure so as to promote more effective delivery of human services to the residents of Montgomery County. The purpose of the project's research was to develop a picture of the publicly funded human service delivery system operating within Montgomery County, to describe structural weaknesses in the system, and to suggest needed changes. Data collection was completed in two distinct stages. Stage 1 consisted of compiling basic structural information about each of the 18 agencies studied. Included in each agency profile is information about its services, programs, finances, administration, and governance. Stage 2 data collection activities addressed the perceptions of local human service decisionmakers. A total of 74 elected officials, citizens, agency board members, and human service administrators were asked to give their

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own perceptions on how local service agencies are organized to deliver services. In addition, they were asked to describe their own roles in the service delivery system, the system's major strengths and weaknesses, and changes they would like to make. From analyzing the data, the project staff concluded that the human service system needs the following: (1) more coordination among planning, service, and funding agencies; (2) improved planning; (3) better information and communication network; (4) decentralized services; and (5) improved Federal and State governments' involvement in local human service delivery and planning. One section of the report is devoted to a description of the development of the joint planning process. The appendix includes a prospectus and an interview questionnaire. Tabular and graphic data are included. See also related documents, SHR-0002967; SHR-0002968.

302. Miller, Ruby Sills.
National Center for Voluntary Action, Washington, DC.
Helping the Volunteer Get Started: The Role of the Volunteer Center.
Sep 72, 90p
SHR-0002917 Available from National Center for Voluntary Action, 1214 16th St., NW, Washington, DC 20036.

This volume is a guide for communities wishing either to establish volunteer centers or stimulate new ideas to increase the effectiveness of existing referral programs. Procedures and suggestions in the manual grew from the study of volunteer operations in 11 communities ranging in location from rural areas to the Nation's largest metropolis. In addition, consultations were conducted with directors, administrators, staff members, and volunteers in various community volunteers centers throughout the Nation. Among subjects addressed are compilation of inventories of volunteer programs and group resources, volunteer opportunities, referring volunteers both individually and in groups, providing equal opportunities to volunteers, responsibilities and rights in volunteer relationships, responding to unmet needs in the community, and continuing contact with volunteers and agencies. Suggestions from the volunteer to the staff members of a volunteer center are included to serve as useful reminders of the need to help volunteers get started. Avoiding bureaucratic entanglement, providing guidance, finding the volunteer assignment that will be the most challenging, and providing further assistance to the volunteer are some of the areas mentioned. To further assist communities in establishing volunteer centers, a number of forms are compiled as samples of various volunteer centers.

303. Morgan, Carole H.
National Inst. of Law Enforcement and Criminal Justice, Washington, DC.
Special National Workshop on Mental Health Services in Jails. Service Delivery Models.
Jan 79, 194p Executive Summary available from PROJECT SHARE.
SHR-0003198 Available NTIS PC $12.00/MF $3.50

Seven models for the evaluation of mental health service delivery programs in jails are described. The emphasis is on the provision of services in intake, screening, and classification; prevention; staff training; crisis intervention; ongoing treatment; and followup referrals. Individuals in need of mental health care have become so prevalent in detention facilities that they are considered a priority management and treatment problem. The release of persons from mental hospitals without proper survival skills, job placements, or supervision has led to encounters with the criminal justice system. Mental health community support programs have been established to assist released patients and to intervene in alternative processing, but jails are too frequently used as a disposal for both the mentally ill and the mentally retarded. Because the link between jails and human services

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has not traditionally been strong, the National Institute of Mental Health, the Law Enforcement Assistance Administration, and the National Institute of Corrections cosponsored a 1978 national workshop on mental health services in jails. Six individual systems were eventually selected for workshop presentation as model mental health / jail service delivery programs: Marengo County, Ala.; Los Angeles County and Napa County, Calif.; Monmouth County, N.J.; Cuyahoga County, Ohio; and Whitman County, Wash. The State of Michigan was chosen as the seventh model to demonstrate a comprehensive statewide approach to the problem. Issues raised as a result of site visits and personal discussions with program representatives in the course of the survey pertained to special mental health needs of female inmates, separation of competency–sanity evaluation responsibility from treatment responsibility, suicidal inmates, and sheriff–jail manager support for successful program operation. There appeared to be no collaborative effort by jail and mental health personnel to share information despite mutual involvement in programs. Eighty–one programs were implemented, however, in the face of such obstacles. Each program was able to establish institutional services regardless of structural restrictions. Supporting data and illustrations, references, a bibliography, and appended information and forms pertinent to program descriptions are included. Prepared for a Workshop September 26-29, 1978 in Baltimore, MD. Revision of earlier report.

304. Moses, Stanley.
Community Research Applications, Inc., New York.
Employment Services for the Elderly. Program Development Handbook for State and Area Agencies.
Oct 77, 140p
SHR-0003187 Available from Administration on Aging, 330 Independence Ave., SW, Washington, DC 20201.

Technical assistance to State and area agencies in providing employment services for the elderly is presented in this handbook, which is one of a series of seven service–specific works. These handbooks represent service areas highlighted for special attention under the Older Americans Act and its 1973 amendments. This handbook is divided into six major topics. First, the importance of employment services to older persons is discussed. Second, the employment network and legislation, such as the United States Employment Service (USES), the Comprehensive Employment and Training Act (CETA), work incentive programs, the vocational rehabilitation network and the Age Discrimination in Employment Act of 1967, are reviewed. Third, service definitions including assessment, testing, job counseling and preretirement counseling, referral to other supportive services, education and training, and job placement are highlighted. Fourth, alternative models for delivery of employment services are presented. Fifth, the role of State and area agencies in employment services involving program development, advocacy, funding, monitoring and assessment, and training and technical assistance is explained. Finally, service provider program operations are discussed with regard to staff organization, training, and program operations. The work is divided with tabular inserts for access purposes, and includes an annotated bibliography and appendices.

305. National Council for Homemaker-Home Health Aide Services, Inc., New York.
Case Management in Homemaker-Home Health Aide Services. A Report on Phase I: The Task Analysis Study.
1976, 18p
SHR-0002347 Available from National Council for Homemaker-Home Health Aide Services, Inc., 67 Irving Place, New York, NY 10003.

According to reports received from 29 homemaker–home health aide agencies participating in a case management survey, it is clear that

agencies view the concept of "case management" in different ways. Every agency reported using a unique variation of what tasks composed the process of case management; yet, despite the variation, there was a central core of tasks included in most agencies' definitions. It is from those common clusters of tasks that the definition and specification of case management functions was derived. The survey provides evidence that the term professional supervision masks two distinctly different aspects of service delivery over and above the direct services of the homemaker–home health aide: (1) case management, which includes supervision of the aide, and (2) service management. Case management in homemaker–home health aide service involves the development and direction of a plan for carrying out quality homemaker–home health aide activities and supplementary services judged as essential to meeting the needs of an individual or family under circumstances which otherwise would require institutionalization. The focus of case management is on the determination of homemaker–home health aide activities needed by an individual or family and facilitating, coordinating, and controlling the aide's carry–out of a service plan in terms of specific tasks and functions to be performed. Included in this focus is the supervision of the homemaker–home health aide's performance. Case management was identified as encompassing all tasks constituting the functions of intake, needs assessment, plan of care establishment, plan implementation and its reassessment and revision. It can be seen that this aspect of service is case–specific oriented and is distinctly different from the non–case management functions, but is still very vital to quality of service. Non–case management functions are not case specific nor are they a part of general agency administration or operation, yet they are an integral and important component of quality service delivery. (Author abstract modified).

306. National Council for Homemaker-Home Health Aide Services, Inc., New York.
Guide to Planning, Organizing, Administering a Homemaker-Home Health Aide Service Agency.
1979, 280p
SHR-0003190 Available from National Council for Homemaker-Home Health Aide Services, Inc., 67 Irving Pl., New York, NY 10003.

This guide has been developed to aid the staffs and boards of prospective and operating homemaker–home health aide services. It provides information about planning and organizing a homemaker–home health aide service; the formal and functional structure and organization of an agency; and service delivery methods and processes. A homemaker–home health aide service is defined as an agency which helps families to remain together and elderly persons to remain in their own homes when a health or social problem occurs or to return to their own homes after specialized care. The trained homemaker–health aide, who works for a community agency, carries out assigned tasks in the family's or individual's place of residence under the supervision of a professional person who assesses the need for the service and implements the plan of care. The homemaker–health aide works as a full–fledged member of the team of professional and allied workers providing health and social services. Specific topics covered by the guide include getting started, establishing a new agency, administering an agency, structuring and staffing an agency, delivering services, information systems and evaluation, budgeting and financing, fund raising, and public relations. A bibliography and a glossary are provided. (Author abstract modified).

307. National League for Nursing, Inc., New York.
Selected Management Information Systems for Public Health/Community Health Agencies.

307.

1978, 238p
SHR-0002910 Available from National League for Nursing, Inc., Ten Columbus Circle, New York, NY 10019.

Selected computerized management information systems (MIS) currently in use and / or tested by public health / community health agencies are described. MIS analyzes, designs, and manages the flow of information to support the planning, control, financial, and operational functions of an agency. As used here, it is a computer–based information system that provides a comprehensive integrated data base, necessary clerical system processing, and timely informational support for agency decisionmaking. The selected information provides a cross section of systems for both agency program administrators and data management specialists. Descriptions of 40 agency systems are provided along with an overview analysis. The descriptions cover systems from 18 visiting nurse associations, 1 private agency, 3 combination agencies, 12 State agencies, 5 county agencies, and 1 city agency, distributed among 25 States and the District of Columbia. The systems of 13 agencies are described in detail, with emphasis on input and output documentation of each system. The systems of another 27 agencies are described briefly; key characteristics of the agency and the processing configuration of their MIS are presented. The systems were selected during a review of the management information files of both the Division of Nursing and the National League for Nursing. Together they show a trend of agencies interacting to develop and use the same MIS. This trend has the advantage of sharing costs and opportunity for standardization of input and output. It is anticipated that a next step will be standardization of patient information and reporting and quality of care assessment and evaluation. Miniaturization and improvement in computer hardware and software and consequent cost reduction will lead to more online use of computers of all sizes.

308. Nishimura, Charles H.; and Okinaka, Stanley K.
Hawaii Office of the Legislative Bureau, Honolulu.
Feasibility of Integrating Human Services in Hawaii: Some Issues, Problems, and Opportunities. Report Number One.
1978, 266p Executive Summary available from PROJECT SHARE.
SHR-0003178 Available NTIS PC $15.00/MF $3.50

Results are reported from a study conducted pursuant to the Hawaii Senate Resolution No. 133 of 1976, which requested the Office of the Legislative Reference Bureau to assess the feasibility of an integrated services approach to human services, to ascertain whether Federal funds and assistance might be available to support such an endeavor, and to submit specific recommendations for future action. The study consisted of a preliminary survey and orientation, data gathering, data analysis, and development of recommendations. The services integration movement was found to consist of three major program approaches: (1) the comprehensive human resource agency (CHRA) approach, which aims to strengthen administrative and program linkages by consolidating previously autonomous human service agencies under one agency; (2) the human service center approach, where human need services and social problems previously rendered from different locations are consolidated at a common location; and (3) the information systems approach, where a computerized information and data function is used to support service planning, service coordination, and service delivery. The Bureau recommends that a CHRA not be developed in Hawaii until further information about the effectiveness of this approach is obtained. An office of human services within the Office of the Governor is recommended which will consolidate existing separate offices oriented toward particular needy groups. An ad hoc task force should review the report, "Community Service Centers: An Organizational Diagnosis,"

as it explores the human service center approach to integrating human services. A management information system should be developed to provide information required by major State agencies engaged in the provision of human services. Further, the progress of the Maui County Department of Human Concerns should be carefully watched by the legislature and the Governor, as it constitutes a prototype for a CHRA at the State level. Appendices provide a copy of Senate Resolution No. 133, a bibliography, and a recommendation and bill regarding the establishment of an office of human services. Tabular and graphic data are provided throughout the report.

309. Northeast-Midwest Inst., Washington, DC.
Welfare Reform in 1978: A Regional Analysis of Various Options.
1978, 16p
SHR-0002909 Available from CONEG Policy Research Center, Inc., 400 N. Capital St., NW, Washington, DC 20001.

Three major welfare proposals, their potential effects on the Northeast and Midwest, and the sociological and statistical information upon which they are based are presented. H.R. 10950, the Corman bill, emerged from the Special House Welfare Reform Subcommittee with a number of provisions helpful to the Northeast and Midwest. Approximately $2.2 billion would be provided to State and local governments for fiscal relief, and a job would be guaranteed for all two-parent families eligible for cash assistance. In addition, wage rates for these new public service jobs would be slightly above the minimum wage and could vary with local prevailing rates. H.R. 10711, the Ullman bill, would be less beneficial to the Northeast and Midwest; an estimated $1.5 billion would be provided for State and local governments to provide fiscal relief. Any fiscal relief under this bill would result from an 85 percent ceiling on State Aid to Families with Dependent Children costs. There are several provisions, however, which would add to State costs as a result of its enactment. For example, the bill requires States to pay 50 percent of all its "errors." Another proposal, S. 2777, the Baker–Bellmon proposal, would provide more fiscal relief to State and local governments than either of the other two proposals. It would increase the Federal matching funds percentage for welfare payments by a maximum of 30 percent, up to a level of 90 percent over a 3-year period. Statistical data are included.

310. Nussbaum, Michael A.; and Piasecki, Joseph R.
Horizon House Inst. for Research and Development, Philadelphia, PA.
Attitudes Toward the Mentally Disabled: Research Perspectives and Priorities.
1978, 10p
SHR-0003142 Available from Horizon House Institute, Suite L-8 Stafford House, 5555 Wissahickon Ave., Philadelphia, PA 19144.

Research on public attitudes and behavior, particularly with regard to the disabled, is reviewed, and suggestions are offered for priorities in future research objectives and methodologies. Three interrelated critical issues in attitudinal research are examined: (1) the concepts of attitude change used in psychological and sociological research, (2) the methodological problems involved in determining how attitudes and overt behaviors interrelate, and (3) the concept of paradigm which helps to classify and organize the disparate studies that populate the field. In proposing future research objectives and priorities, the paper indicates two primary foci. The first concentrates on developing measures which identify enduring psychological or personality attributes and permit subjects to be classified according to their relative positions on these attribute scales. A second aims to define and determine the causes or roots of attitudes found in larger value configurations or cultural-based oral views. In addition, consis-

tent and definitive indicators of attitudes about mental illness and orientations toward the mentally disabled can support diagnostic efforts, evaluation research, and further basic research in attitude–behavior interrelationships. Priorities also are considered for behavioral research needs, attitude–behavior causal linkages, and community norms and community action for the mentally disabled. Suggestions are offered for expanding the methodology in such research.

311. O'Connor, Gail; and Morris, Lucy. Oregon Univ., Eugene. Rehabilitation Research and Training Center in Mental Retardation.
Research Approach to Cost Analysis and Program Budgeting of Community Residential Facilities.
Jan 78, 73p
SHR-0002676 Available from Rehabilitation Research and Training Center in Mental Retardation, 2nd Floor Clinical Services Bldg., University of Oregon, Eugene, OR 97403.

A fiscal reporting system is described which allows for the allocation of costs by types of expenses and by program within community residential facilities (CRF). In this way, CRF's are able to relate operating costs to the characteristics of the facilities and patients. The study was conducted in three phases. The first step involved the development of a tentative system based on existing accounting systems. While this phase was being conducted, 50 CRF's located in regions IX and X of the U.S. Department of Health, Education, and Welfare were asked to participate in efforts to further refine the system and measure its usefulness. Data presented in the report is based on the 29 CRF's who participated until the end of the project. Data were collected from site visits to the CRF's, workshops, and from the 12 monthly reports (following the system's format) submitted by the CRF's. The system developed by the project included an accounting handbook, a practice set, and a reporting manual. The average total operational program costs were $380.09 per resident per month. Operating costs were also presented generically in nine separate categories: staff, food, utilities and telephone, insurance, repair and maintenance, taxes, licenses and fees, supplies, vehicles, and miscellaneous. Personnel costs account for 68 percent of total operating costs and 58 percent of total costs. Food was the second most expensive operational cost. Capital costs were much more difficult to measure than operational costs and showed the greatest variance among the CRF's. A study of the relation of 10 independent facility and resident characteristics to staff costs, total operating costs, capital costs, and total costs, found that 5 variables were significantly related to all 4 costs. They are State or region, degree of programming, staff to resident ratio, and age of residents. Data on the relationship of CRF revenue to these variables and to costs were also analyzed and discussed. Although the lack of management and financial training by most CRF operators makes this system impractical, it provides essential tools which can be readily used. Statistical tables and references are included.

312. Ohio Governor's Committee on Employment of the Handicapped, Columbus.
Access for All: An Illustrated Handbook of Barrier Free Design for Ohio.
1977, 192p
SHR-0002981 Available from Ohio Governor's Committee on Employment of the Handicapped, 4656 Heaton Rd., Columbus, OH 43229.

Designed to incorporate the best of available standards and to graphically illustrate the preferred criteria for barrier–free design, this handbook with photographs of barrier–free design of Ohio provides a guide to interior and exterior design of public and private buildings and public use areas. A general overview of the major categories of disabling conditions is provided, and statistical data are used to emphasize the high percentage of disabled and aged persons

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who reside in the Nation and in Ohio. Legislation and regulations which specifically address the problem of architectural barriers are noted, and a guide to basic human dimensions and special dimensions for the handicapped allowing for wheelchairs and the like is included. Site design is illustrated, including site access, parking and vehicular considerations, walkways and curb ramps, stair and handrails, outdoor furniture, and site lighting. Some of the architectural design features considered include building entrances, floor surfaces, doors and doorways, exitways, and elevators. A partial listing is presented of types of public facilities and some of their unique accessibility problems. Design considerations which affect the elderly covered in the handbook include rest areas, waiting areas, stairs, handrails, site lighting, and building entrances. An accessibility checklist for designers involved in building modifications is provided, and renovation and rehabilitation of parking facilities, ramps, doors, and thresholds are discussed. An examination of costs of barrier-free design is provided, and excerpts from the Ohio Building Code, the Ohio Revised Code, and local ordinances which apply to the design of a barrier-free environment are noted. International symbols of access are illustrated, and a bibliography and an index are appended.

313. Pflaum, Peter; Levine, Pearle; McClelland, Martha; McDonald, Mary; and Weinberger, Susan.
California State Univ., Long Beach. Center for Public Policy and Administration.
Rational Economic-Social Planning Based on Needs Determination.
Feb 78, 97p Executive Summary available from PROJECT SHARE.
SHR-0002937 Available NTIS PC $8.00/MF $3.50

A project was initiated by the Department of Human Resources in Long Beach, Calif., to guide the development of the city's human resource plan. The project was titled Rational Economic-Social Planning based on Needs Determination (RESPOND). A problem-service taxonomy was used to obtain a structured view of services provided to and diverse problems of Long Beach residents. In each of four identified problem areas (health, employment and education, basic needs, and personal services), program objectives were developed. In addition, existing services were listed under each program objective. The purpose of choosing the taxonomy was to provide a common language that would link problems of residents to services and that would aid in planning for service improvement. Three indices were constructed to compare different zones in the city: minority impaction, low-income poverty, and housing deterioration. The population was analyzed in terms of housing, ethnic composition, poverty, and age. Suggested priority areas of need were identified, including nutrition, major home repair, home health care services, youth employment, emergency services, target hardening (home repair for security and law enforcement through environmental design), basic education for employment, preventive health programs, drug crisis management, community facilities for youth, specific groups such as ex-offenders and addicts, family planning in many languages, and legal services and training. Problems encountered by social service providers are noted, and the planning process to alleviate these problems and improve service delivery is described. Tabular data on indicators of need in Long Beach and maps of city zones are included.

314. Piasecki, Joseph R.
Horizon House Inst. for Research and Development, Philadelphia, PA. Center for Human Studies.
Community Response to Residential Services for the Psycho-Socially Disabled: Preliminary Results of a National Survey.
15 Nov 75, 22p
SHR-0003134 Available NTIS PC $5.00/MF $3.50

314.

Preliminary results presented in this paper are from the Horizon House Institute national survey of community–based residential facilities, a research project supported by the Commonwealth of Pennsylvania, Department of Public Welfare. The concern of this 1974 survey was to record and review the relationship of host communities to residential programs by focusing on expressions of community hostility and the efforts of residential facilities to overcome community opposition. Of the 472 respondents, 34 percent of the facilities reported initial community opposition, oftentimes moderate or strong. Staff at each of the programs surveyed knew of at least one community–based program that had been abandoned because of community opposition. Results show that the facilities serving adult offender or delinquent and dependent juveniles are more likely to encounter community opposition. Further, residential, as opposed to commercial, localities are less receptive to residential programs. While many of the surveyed facilities encountered no outright opposition, prohibitive zoning regulations and building codes often resulted in abandonment of plans and lengthy and costly delays. Provider agencies usually respond to opposition through public or high profile strategies which include "open houses," media campaigns, and involvement of neighborhood representatives in policymaking. These are not only the preferred strategies, but are also rated as being most effective. Tabular data and references are provided. Presented at the First Annual Conference of the International Association of Psycho-Social Rehabilitation Services, Nov. 15, 1975.

315. Piasecki, Joseph R.; Pittinger, Jane E.; and Rutman, Irvin D.
Horizon House Inst. for Research and Development, Philadelphia, PA.
Determining the Costs of Community Residential Services for the Psychosocially Disabled.
1978, 61p
SHR-0003141 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 017-024-00730-7.

This report examines the costs associated with community–based residential care and analyzes cost differences as they relate to different disability groups or to types of facilities. The growing variety, complexity, and development of community–based residential programs makes it difficult to formulate a single, fixed estimate for the cost of residential services. This diversity also leads to a typological approach for cost estimation, computed here for each major type of facility. In addition, an analysis of cost–related variables highlights those factors which influence cost levels. The study finds that costs for residential services are highly related to the level of services provided inhouse and to the disability group served. Halfway houses are found to be more expensive than either apartment programs or boarding homes, a fact largely attributable to the provision (or absence) of inhouse rehabilitative services, and the number and types of staff employed by the program. Services to juveniles are most expensive. There also are apparent gaps in the provision of residential programs to some disability groups. For instance, failure to identify halfway house programs for the aged probably points to a genuine service lag, as many older adults may profit from a transitional rather than terminal placement. Residential facilities were found to be unevenly distributed across geographic and population areas with halfway houses and boarding homes more prevalent in urban areas. Startup costs were found to be substantial, often equaling the annual cost of operating the facility. Also, level of services and the degree of supervision provided by the facility account for substantial variations in cost while size in terms of numbers of clients are not found to be a major determinant. Findings indicate that costs for residential services sponsored by community mental health centers are typical of costs experienced in other programs. Substantial geographic and urban–rural variations are also found. Lastly, the rate of inflation for residential

services matches or exceeds the general inflation rate; higher wage and housing costs are probably to blame. A bibliography, appendix, and tabular data are included. Report No. 13, Series B, Analytical and Special Study Reports, National Inst. of Mental Health.

316. Piasecki, Joseph R.
Horizon House Inst. for Research and Development, Philadelphia, PA. Center for Human Studies.
Rehabilitation Services Needs Assessment: Projecting Program Requirements for the State of Pennsylvania.
1977, 38p
SHR-0003133 Available NTIS PC $6.00/MF $3.50

This paper reports the multiple regressions which indicate relative contributions of diagnosis variables in predicting rehabilitation service needs for Pennsylvania's mentally ill patient population and discusses contemporary needs assessment studies for other patient populations. While age, sex, and number of previous admissions were not found to be highly predictive of rehabilitation needs, results gathered on a psychological assessment scale can provide significant indicators of these needs. A secondary analysis of extant data sets estimated needs for basic psychosocial rehabilitation services for currently hospitalized patients. It is projected that these patients will require, upon discharge, an extensive array of coordinated psychosocial rehabilitation services. Most patients were found to be highly dependent upon residential and socialization programming, while their projected work capability was deemed minimal. It can be projected that some 2,000 adult, mentally ill patients of Pennsylvania's current institutional population of 8,000 patients would require various transitional residential or long-term sheltered placements in order to be maintained in the community; another 2,000 patients would require either intermediate or intensive nursing care. Although the work capacity of most inpatients is consistently rated as minimal, many of those not placed in nursing care settings would require vocational rehabilitation in the form of long-term sheltered workshops, skill training programs, and more independence-oriented job counseling programs. Further, a survey of State hospital superintendents disclosed general agreement that about half of the patients would require training in the basic "activities of daily living" and about one-quarter would need social and recreational services. Tabular data and bibliography are provided. (Author abstract modified).

317. Plotnick, Robert.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Social Welfare Expenditures and the Poor: The 1965-1976 Experience and Future Expectations.
Sep 77, 57p
SHR-0003427 Available NTIS PC $7.00/MF $3.50

In the U.S., social welfare expenditures (SWE) are important social instruments for providing income support, medical treatment, and other services to a wide cross-section of the population. Outlays for social welfare purposes jumped from $72 billion in 1965 to $225 billion in 1974; it has since surpassed $300 billion. Programs specifically targeted to low-income groups rose from 12 to 19 percent of SWE and from 1.3 to 2.9 percent of Gross National Product (GNP) between 1965 and 1972. The share of SWE and GNP devoted to income-tested programs fell in 1974. The sharp growth in SWE after 1965 was caused by new programs started during the great society initiative and unusually rapid improvement in social security benefits. During 1965-1976, total benefits to the poor rose from $31 billion to $143 billion. Despite these massive benefits, poverty has not disappeared. Human resource and service programs do not reduce income poverty, while cash and in-kind aid has not been distributed among pretransfer poor in proportion to their need. Income-conditioned out-

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lays provided 30 percent of the poor's benefits in 1974. Over three–fourths of such expenditures go to pretransfer poor persons. About three–eighths of funds for income–tested programs was channeled to the poor, but such outlays still account for most of their benefits. It is clear that the pretransfer poor have received large and growing benefits from SWE. However, poverty remains. This shows the need for careful thought on how to redirect some of the billions spent, or, what may be politically easier, how best to use the future growth in SWE to minimize economic need. More attention should be given to lowering the level of pretransfer poverty. Manpower training and education programs have been oriented to this goal, but they have not confronted the basic problems. Attempts must be made to change the basic economic structure. Tables, notes, and appendices are included.

318. Portner, Doreen L.
Hospitalization of the Family in the Treatment of Mental Patients.
1977, 13p
SHR-0003181 Pub. in Health and Social Work v2 n3 p111-122 Aug 77.

Carried out in a 17–bed mental health unit of a 350–bed general hospital, this project evaluated the effectiveness of admitting mental health patients to the hospital along with their families and treating patient and family together as a unit. The project, focusing on 11 patients and their immediate families, determined whether patients who received inhospital treatment with their families remained out of the hospital longer than they had previously as a result of other types of treatment, and whether they improved after receiving such treatment subsequent to showing little improvement in response to other techniques. The project's treatment model was based on task–centered casework developed by Reid and Epstein (1972). Family treatment began with the admission to the hospital of family members and the signing of consent forms. Admissions took place on Mondays and only one family at a time was present in the mental health unit. Family sessions were scheduled at least once and sometimes twice a day. In addition to participating in activities prescribed for them, family members took part in all unit activities, including outings, unit meetings, and such projects as gardening and various household chores. Length of treatment varied from 3 days to 3 weeks. Two patients who had shown little improvement before responded well to family therapy and remained out of the hospital for at least 3 months. Six of the eight patients who previously had returned to the hospital less than 3 months after being discharged did not return within 3 months after the family therapy. When patients whose entire families were hospitalized were compared with patients with whom one other family member was hospitalized, it was found that none of the patients belonging to the former group returned within 3 months. Tabular data and references are included. Based on the author's doctoral dissertation, University of Southern California, Los Angeles.

319. Prager, Audrey.
Abt Associates, Inc., Cambridge, MA.
Job Creation in the Community: An Evaluation of Locally Initiated Employment Projects in Massachusetts.
1977, 175p
SHR-0003467 Available from Abt Associates, Inc., 55 Wheeler St., Cambridge, MA 02138.

Divided into two parts, this book describes and evaluates the Massachusetts Local Initiative Program (MLIP), a successful attempt to create, at a local community level, meaningful short–term jobs for the underemployed of the area. Unlike more massive job–creation programs, MLIP was developed complete at the grass root level. Projects were planned and operated by groups ranging from established community action agencies to loosely affiliated citizen's groups. A variety of community services resulted from project efforts: a day care center was staffed, theater and art work were produced for

a community benefit, and a cannery was established. The first part describes and evaluates the overall program; it provides an overview and a historical context, examines the reasons why some projects worked better than others, summarizes the results in terms of employment and community "goods" provided, and makes specific suggestions for future programs. A simple methodology is also applied to estimate the net costs of the program to its government sponsors. The second part consists of brief, concrete descriptions of each of the 26 MLIP projects. Objectives and achievements are outlined, followed by an evaluation of the quality and quantity of project performance. Each profile also includes a discussion of the factors that contributed to or inhibited success so that future programs can benefit from lessons learned by local project administrators and staff.

320. Rhodes, Cindy.
Oregon Univ., Eugene. Rehabilitation Research and Training Center in Mental Retardation.
Sociological Challenge to Normalization as Applied to Community Alternative Residential Facilities.
Jul 75, 36p
SHR-0002655 Available NTIS PC $6.00/MF $3.50

The normalization principle—using means which are as culturally normative as possible in order to establish or maintain personal behaviors and characteristics in clients which are as culturally normative as possible—is the reasoning behind providing group homes for the mentally retarded. This paper challenges use of normalization in treating mentally retarded persons and stresses the importance of "qualitative" research to determine the value of the group home as perceived by mentally retarded persons themselves. The argument begins with a literature review of the concept that mental retardation is deviance from the normal. After defining mental retardation as deviance, some sociologists suggest that the "reversal" and "prevention" of mental retardation require provision of "normalizing" services in community alternative residential facilities so that mentally retarded clients can relearn role perceptions and expectations. It is maintained, however, that the group home does not necessarily alleviate the stigma associated with institutionalization. That stigma inevitably affects the self-concept of clients, and, thus, influences the way they interact with others. Qualitative research concerning the group–home environment is needed. Investigators should explore how mentally retarded persons feel and act toward other residents of the home, group home staff, rehabilitation counselors, and the general public; how they see their roles in life and in society; how they see each other in terms of preparing for independent living; and to what degree they have subcultural images of themselves. Consideration should also be given to mentally retarded residents' vocational rehabilitation and employment experiences, their family relationships, and their success in blending in with their communities rather than clustering in groups after leaving the home. References are provided. Center paper No. 86.

321. Richards, M. Dick.
Maurice Falk Medical Fund, Pittsburgh, PA.
Community Group Homes as an Alternative to Institutionalization: A Comparison of Retarded Waiting List Applicants in Interim Care and Non-Interim Care Settings.
1973, 498p
SHR-0003054 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

The presence of waiting lists of retardate applicants at State schools and hospitals may represent gaps in community services and resources. The thesis of this study is that with effective utilization of community services and resources and the availability of community residential group homes, the waiting lists could be significantly

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reduced. The problem areas are overcrowded State facilities, insufficient or inadequate community resources, and insufficient available data. The active involvement of community group homes, foster home care, homemaker services, professional sitting services, family stipends, and short-term care programs would alleviate the strain on the institutions. From a historical perspective, mental retardation has been defined as everything from madness to sainthood, and treatment of those with a lower-than-average intelligence has reflected these definitions. Today, although the etiology of mental retardation is subject to a wide range of theories and attitudes, some retardates are not receiving adequate training and treatment even while this investigation and debate continue. The population of applicants on the high priority waiting list at Western State School and Hospital in Canonburg, Pa., was studied to clarify the extent to which the applicants on this list could utilize community group homes as alternatives to institutionalization, if such homes were available. Findings demonstrated that most, if not all, of the applicants on the high priority waiting list did not need institutionalization and were not social menaces or threats to society, but they did place pressures on their families and communities. The most significant recommendation is that plans be developed and a network of community group homes be built as alternatives to institutionalization. Extensive reviews of the literature, of theoretical issues surrounding mental retardation, and of hypotheses for rehabilitative services are provided. Footnotes accompany each chapter. Appendices include questionnaires, admission policies for State schools and hospitals, research tools, and a large bibliography. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at the University of Pittsburgh, School of Social Work.

322. Ripley, Randall B.
Ohio State Univ., Columbus.
Implementation of CETA in Ohio.
1977, 62p Executive Summary available from PROJECT SHARE.
SHR-0003077 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, Order number 029-000-00281-9.

The political features of carrying out the Comprehensive Employment and Training Act (CETA) in Ohio are the subject of this study extending from 1974 to 1976. The term "political" is broadly defined herein and includes both decisionmaking processes and the content of decisions regarding resource allocation. Sixteen of the prime sponsors are compared, using a large, varied data base as the information source. Implementation analysis revealed three major problem areas. First, service to the most disadvantaged of eligible CETA participants is diminishing with Title I and has stabilized at relatively low levels with Titles II and VI. Second, in prime sponsorships, public service employment considerations seem to have taken attention away from Title I training and work experience programs. Third, the Federal role in CETA remains somewhat vague, and to the extent that it has focus, the focus is on the mechanics, rather than the substance of local management. CETA successes include the fact that some prime sponsors have used the latitude granted them to develop some innovative and seemingly successful programs. The CETA local manpower staff has grown in professionalism; in some areas, meaningful and influential community involvement in CETA decisionmaking has taken place. However, regulations should be rewritten to stress economically disadvantaged persons as a target group. In addition, the Department of Labor should define comprehensiveness in a meaningful way and should fund demonstration projects to show how a comprehensive program might be structured. Also, the role of the Federal field representative should be more clearly defined, and the regional office should take a more active role in providing technical assistance. References, a bibliography, and tabular information are provided. R and D Monograph 44.

323. Robinson, Gary Dale.
Interorganizational Cooperation in Human Services Administration: A Third-Party Intervention Process Model.
Jun 77, 298p
SHR-0002999 Available from University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106.

Focusing on 19 organizations that plan, fund, and deliver services to the elderly in a city of 700,000, this dissertation uses a case study methodology to describe and analyze the conditions which may contribute to cooperation among service providers and the role of a third party in promoting such cooperation. The third party functions first as a catalyst to initiate cooperation and later as a facilitator of cooperation. A third-party intervention strategy was designed and implemented through historical documentation, interviews, and questionnaire responses from representatives of 2 planning or funding organizations, 10 service delivery organizations, 4 sanctioning bodies, and 3 other city and county funding organizations. Specific data were gathered before and after the intervention process. The increase of cooperation did not result, and only slight changes in perception of own and others' domains, and interdependence, were found. An analysis brings out issues concerned with (1) the political power struggle between city and county, (2) whether or not interorganizational cooperation is a means or an end in itself, (3) the role of superordinate goals (goals which cannot be attained by any one organization alone) in obtaining cooperation, (4) the need to create a temporary interorganizational management system, (5) the importance of commitment from participating organizations, (6) the necessity of involving all levels in the participating organizations, and (7) the expansion of the third-party role to include that of researcher in generating new knowledge and solving specific problems. These issues were used to improve the original theoretical model; linkages between components of the refined model are presented, and propositions are formulated concerning interorganizational cooperation. Recommendations for further study are provided, along with a bibliography, graphic data, interview formats, and questionnaires used to collect information. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

324. Rutman, Irvin D.; and Baron, Richard C.
Horizon House Inst. for Research and Development, Philadelphia, PA.
Community Careers: An Assessment of the Life Adjustment of Former Mental Hospital Patients.
Jun 75, 222p
SHR-0003135 Available from Horizon House Institute for Research and Development, 1019 Stafford House, 5555 Wissahickon Ave., Philadelphia, PA 19144.

Results of a community careers survey of former Pennsylvania State mental hospital patients provides information on the respondents' previous psychiatric histories, predischarge preparation, referrals upon discharge, residential circumstances, vocational experiences, social lives, financial affairs, community services, and mental health treatment in community settings. Demographic, psychiatric, and predischarge data are presented from State hospital records. The respondent interviews (N162) provide direct self-assessments. A more objective measure of the respondents' social and residential circumstances is found in the interviewers' assessments. A community agency questionnaire was used to add the perspective of community service professionals in assessing respondents' need for and use of services. Survey respondents were discharged from three sample hospitals during two time periods—May to July, 1972 and May to July, 1973. The survey provides a profile of patients who did not return to the hospital within two years of discharge. The overriding conclusion from the sample is that living in the community is far preferable to living in the hospital. Although problems and dissatisfactions were found to exist, discharge to the

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community was overall a positive experience. The impact of environment, length of hospitalization, predischarge services and preparation, housing, vocational preparation, social activities, continuity of care, and evaluation are discussed as major areas related to the degree of satisfaction achieved by respondents in their community careers. Programmatic inadequacies in each of these areas are noted and policy implications are indicated. Tabular data and sample survey instruments are provided, along with references.

325. Seidl, Fredrick W.; Austin, Carol D.; and Green, D. Richard.
Wisconsin Univ.-Madison. Faye McBeath Inst. on Aging and Adult Life.
Is Home Health Care Less Expensive.
1977, 15p
SHR-0003180 Pub. in Health and Social Work v2 n2 p5-19 May 77.

Responding to the widely held notion that home health care is less expensive than nursing home or hospital care, this article presents a framework for costs analysis. Although sufficient data are not yet available to settle the question, costs of alternative services need to be seen in terms of the following five primary considerations: (1) definition of the target population; (2) identification of home-care clients; (3) the structure of case management; (4) the efficiency and quality of the service provided; and (5) the funding agency or individual. Service population definition is essential in cost analyses because cost efficiency depends upon the disability and service needs of the client. Home health care can be justified on the basis that it provides service to more and to a wider variety of clients, but in doing so, can boost program costs. The methods staff use to identify clients for inclusion in a home-care program affect costs as well. Control over access to levels of care in the past has been left to clients and their physicians; this professional prerogative and organizational principle has implications for the identification of clients, and subsequently, for costs. The location in the organizational system of the case manager may influence costs. A decentralized approach may be difficult to control and, in terms of costs, nonprovider, centralized case management may be preferable. A related issue concerns the services case managers are able to purchase. Because home health care services are not well developed or distributed, many of the services that case managers want to purchase may not be available, and since support funds may be lacking, existing finances might be underdeveloped in terms of the increasing demands a shift to home care will make. The immediate cost bearer of a shift from institutional to home health care is the family, and despite the savings realized by the government (e.g., cuts in Medicaid outlays to nursing homes), existing programs do not compensate family members for the services they provide in their homes. Notes and references are provided.

326. Settles, Barbara H.; Culley, James D.; and Van Name, Judith B.
Delaware Univ., Newark. Coll. of Home Economics.
How to Measure the Cost of Foster Family Care.
1976, 57p
SHR-0003045 Available from Administration for Youth and Families, P.O. Box 1182, Washington, DC 20013.

This manual outlines methods by which the cost of foster care can be measured in local areas. The process involves measuring average direct and indirect costs of raising a child and adding costs or subtracting benefits special to the foster family. Family income and lifestyle, regional differences in the cost of living, and a child's age are all used in figuring direct costs. Tables for these data are included, along with a consumer price index to update them. A worksheet is provided for computing the annual, average cost of raising a foster child in a given area. Indirect costs, the price of a family's time, are much harder to measure. These widely different

methods are described: (1) measuring the time a family member spends at child-rearing chores and substituting it for worker pay; (2) estimating the cost of child care outside the home on a 24-hour basis or during the time a parent works; and (3) taking the value of a parent's time in paid employment, according to skills and education, and using this figure as the price of child care. A table of incremental changes in household tasks and child-raising time per additional child is included, as well as a work sheet for using the indirect cost methods. The report also contains a diagram of possible, practical combinations of these techniques; a bibliography of selected references and related research papers; and appendices containing indepth studies of foster families and brief reports on public funds for, and attitudes about, foster families, nationwide. Excerpted from 'Understanding and Measuring the Cost of Foster Family Care.'

327. Sheldon, Ann Workman.
Wayne State Univ., Detroit, MI. Dept. of Sociology.
Improving the Delivery of Social Services Through Multi-Agency Programs.
Sep 78, 30p
SHR-0003008 Available NTIS PC $6.00/MF $3.50

During the last 20 years, efforts to improve the effectiveness of social service agenices and to increase the overall supply of services for local residents have focused on the need to improve coordination among the diverse group of agencies that make up the local social services delivery system. Yet planners find it difficult to develop comprehensive and integrated programs. Using data from 61 joint programs in one metropolitan community, two propositions about multiagency programs are examined. The theory behind this reseach is that competition for resources determines organizational interactions of various types. Social service agencies, operating under conditions of resource scarcity, compete with similar organizations to seek resources that will permit the maintenance of the organization. Social welfare planners must realize that increasing the comprehensiveness of the social service delivery system by urging interagency coordination through joint programs requires adding resources. Because of the dynamics of competition, the prospect of funding stimulates coordination and joint ventures, and the programs that are established are more substantial. Programs set up by competitive agencies are more likely to provide significant services, to be broad in scope, to include planned ways to make decisions and thus, some clearer method of accountability. Increasing the comprehensiveness of social service delivery systems is a complex problem. Agency leaders have legitimate organizationally related reasons for not committing their agencies to multiagency programs-the costs are out of line with the rewards, for the agency. References and tables are included. Presented at the Annual Meeting, Society for the Study of Social Problems, San Francisco, CA., September 1978.

328. Sitkei, E. George.
Oregon Univ., Eugene. Rehabilitation Research and Training Center in Mental Retardation.
Systematic Planning and Programming for Group Homes.
Feb 76, 40p
SHR-0002661 Available Material Distribution, Rehabilitation Research and Training Center in Mental Retardation, 2nd Floor, Clinical Services Bldg., Univ. of Oregon, Eugene, OR 97403.

Planning stages and steps for systematic management are discussed, particularly as they apply to group homes. There is general agreement that the essential stages of planning, analysis, implementation, and evaluation are similar in a number of fields. The following steps in planning are discussed in detail: (1) preplanning, including the determination of whether certain required preconditions for planning exist, and if necessary, the establishment of such preconditions; (2) analysis of the situation, including the

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collection and study of information on services, programs, and resources, with a view to determining needs, demands, trends, constraints, goals, policies, priorities, general standards, and the broad allocation of resources; (3) determination of priorities and consideration of alternatives, including the specification of long-range goals and the proposal of various plans for achieving these goals; (4) selection of a plan; (5) development and implementation of a plan of action, including detailed programming in terms of the specification of operating standards, objectives, and targets, and the development of the necessary organization, services, education and training programs, and resources; and (6) evaluation and reassessment, or evaluation of the results of the programs, reassessment of the appropriateness of the plan itself, and consideration of the modifications needed as preplanning begins. The implementation process and directions for program development are discussed in the appendix. A job description for house parents is also included. References are provided. Working paper no. 92.

329. Slesinger, Doris P.
Wisconsin Univ.-Madison. Inst. for Research on Poverty.
Exploring the Dynamic Relationship Between Family and Household Composition.
1978, 32p
SHR-0002904 Available NTIS PC $6.00/MF $3.50

The makeup of a sample of household units is studied over a 17-month period, and possible sources of error in the concept and measurement of "family" are discussed. The following issues are examined: how stable are female-headed households over time; what are the relationships of members who live in these households to the female head; what stability exists in reported marital status by such units over time; and, are there sociodemographic correlates of such units. The household composition of 123 Wisconsin mothers from urban and rural areas who gave birth in 1974 is analyzed with respect to these issues over a 17-month period. The mothers were interviewed by public health nurses in their homes when their infants were approximately 3 months, 12 months, and 20 months. Results show that one-third of the households changed household types, as measured by presence or absence of male partner and / or extended family members. One-third of the women headed households, but only two-thirds remained heads over the time period. The marital category "separated" was least stable, suggesting some ambiguity in self-definition. Mothers with highest proportions of change had not graduated from high school, were below poverty level, and, for nonwhites, were in the 20 to 24-year-old age range. For whites, they were 19 or younger. This microanalysis of some family and household units demonstrates the dynamic relationship between these concepts and the fluidity present in contemporary society. Although the patterns and dynamics uncovered in this small sample of mostly poverty mothers cannot be considered typical of any group, these fluid relationships appear to exist, and it is suggested that they be examined in future longitudinal research. Tabular data and references are provided. Earlier version presented at the Annual Meeting of the Population Association of America in Atlanta, Ga., April 1978.

330. Snedeker, Bonnie B.; and Snedeker, David M.
Utah Univ., Salt Lake City. Human Resource Inst.
CETA: Decentralization on Trial.
1978, 302p
SHR-0003111 Available from Capital Publications, Inc., 2430 Pennsylvania Ave., NW, Washington, DC 20037.

To judge the effectiveness of the Comprehensive Employment and Training Act (CETA), manpower policy and systems are assessed, along with an indepth analysis of CETA program data and future potential. Emanating from manpow-

er programs of the 1960's, CETA was established in 1973 to shift power and control of resources from Federal and State and local governments and to concentrate planning efforts at the local labor market level on behalf of those persons who have the most difficulty finding employment. In light of these recent decentralization efforts, the text examines the extent to which CETA resulted in decategorization and decentralization and how shifts in program organization have affected the quality of program planning, service delivery, and management. For purposes of analysis, CETA activity is divided into four major processes: (1) needs assessment and policy development, (2) program development and service mix, (3) service delivery systems, and (4) program management, monitoring, and evaluation. Each process is examined individually for real and potential effects. The influence of external conditions, such as the recession and the implementation of Title VI programs, are also examined. Some reliance is placed on the consensus that has developed within the professional manpower community regarding the relative merit of particular models and approaches. In addition, the roles of Federal, State, and local units in implementing and participating in CETA are explored, with numerous interviews being conducted with policymakers, planners, administrators, program operators, and participants. Finally, public service employment efforts are reviewed, and issues raised during the years of CETA activity are discussed. Statistical tables, references, and an index are provided, along with charts depicting CETA enrollment growth, the realm of manpower policy, and amounts authorized for program activities under CETA.

331. Southern California Association of Governments, Los Angeles.
Simulation Exercises for Policy Makers.
Sep 77, 32p
SHR-0003062 Available NTIS PC $6.00/MF $3.50

Sponsored by the Southern California Association of Governments, this training exercise for California policymakers in social services focused on strengthening public officials' ability to form local social policies in context with national and State policy, teaching public officials social planning, and guiding technical planning staffs. The project allowed participants to understand better the dynamics, reasons, and effects of policy planning by having the participants play different roles in situations simulating circumstances in real organizations. The roles to be played out involved youth delinquency control agencies, senior citizens, city managers, or day care centers. Decision points included reelection of city council members, adoption of social service plans, and funding programs; among the issues to be considered were drug abuse and retarded children. The objective was to develop and implement social services by local governments. The two format models chosen were the policy negotiations model (role playing members of city councils faced with decisions and limited resources), and the compacts model (role playing lobbyists with funding proposals). Formal design sessions, informal gatherings, and test runs provided a final exercise involving elected officials, city administrators, interested citizens, and agency staff. Pre-test and post-test questionnaires indicated no significant changes in participants' attitudes or behavior about social services and social planning, which may be due to the shortness of the exercise or faults in the questionnaire. Other questionnaires indicated general satisfaction with the exercise, but some indicated that the roles were too simple. An outline of the complete exercise, worksheets, and descriptions of the simulated community and 15 issues are included.

332. Southern Inst. for Human Resources, Inc., Atlanta, GA.
Common Language of Human Services.
Oct 78, 166p
SHR-0003042 Available NTIS PC $11.00/MF $3.50

332.

This preliminary project paper reports on the development of a national common language or taxonomy of human services as carried out jointly by the Office of Social Services and Human Development under the Assistant Secretary for Planning and Evaluation (ASPE / SSHD) and the Office of Planning, Research, and Evaluation under the Assistant Secretary for Human Development (OHDS / OPRE). The project background is provided, and conclusions about the state of the art in human service languages are listed. The Title XX Service Definition Study by Mott-McDonald, taken from the first year Title XX Comprehensive Annual Services Plans (CASP) from 50 States, is described along with the Boston College analysis of the study. The National Assembly for Voluntary Health and Welfare Agencies study of service taxonomies for the feasibility of developing a national common language for human services is discussed and their major conclusions and recommendations outlined. A study on trends in taxonomies by Bowers and Associates for HEW is reported, as is the purpose, approach, and methodology of Phase 1 of the taxonomy developmental effort in HEW. Finally, the paper includes an analysis of State CASP plans, with a description of the human services delivery framework broken down into case management components, service-specific components, administrative components, and commodity components. An alphabetical listing of these components and the definitions used for the State Title XX service analysis is furnished. In addition, appendices list the components of 24 Title XX services, provide service / component matrices, and show the grouping and consolidation of the terms used in State plan service definitions.

333. Steinbach, Leonard.
Community Research Applications, Inc., New York.
Nursing Home Ombudsman Services for the Elderly. Program Development Handbook for State and Area Agencies.

Oct 77, 330p
SHR-0003186 Available NTIS PC $18.00/MF $3.50

To provide information which will assist State and Area Agencies on Aging to fulfill their service development, technical assistance, and monitoring responsibilities in the provision of nursing home ombudsman services for the elderly, this handbook has been developed as part of a series of publications by the Administration on Aging. The handbook was based on a comprehensive review of all available materials about nursing home ombudsman services; site visits to two Department of Health, Education, and Welfare Regional Offices, three State Agencies on Aging, and six Area Agencies on Aging; discussions with four experts in the nursing home ombudsman field; a review by those same experts of the first draft; and a review of the outline and first draft by a task force of Regional Office, State, and Area Agency representatives. The topics discussed in the handbook include Medicare and Medicaid; Federal, State, regional, and local agencies handling health-related services; legislation and regulations which involve long-term and patients' rights; definitions of various service components which comprise nursing home ombudsman services; and staff organization and training. Other subjects addressed revolve around suggested alternative models of nursing home ombudsman service delivery, such as the lead agency concept, the single-agency concept, and the committee concept. In addition, the role of State and Area Agencies in the ombudsman program are detailed in terms of program development, advocacy, funding, monitoring and assessment, and training and technical assistance. References regarding the most important resources for technical assistance and information, and an annotated bibliography of key documents are provided. Appendices contain Medicare and Medicaid forms, resource and Area Agency involvement questionnaires, lists of foundations and State Offices of Volunteerism, interview training material, complaint investigation process and related office procedure forms, glos-

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sary of terms, a consumer's guide to nursing home care, and a sample program brochure.

334. Steinfeld, Edward.
Community Research Applications, Inc., New York.
Residential Repair and Renovation for the Elderly. Program Development Handbook for State and Area Agencies.
Oct 77, 113p
SHR-0003199 Available NTIS PC $9.00/MF $3.50

To provide information which will assist State and Area Agencies on Aging to effectively develop services and provide technical assistance in the provision of services, this handbook on residential repair and renovation for the elderly has been developed as one of a series of service publications. The handbook is based on a comprehensive review of the literature concerning residential repair and renovation; site visits to two Department of Health, Education, and Welfare Regional Offices, three State Agencies on Aging, and six Area Agencies on Aging; discussion with four experts in the residential repair and renovation field; a review by these same experts of the first draft; and a review of the outline and first draft by a task force of Regional Office, State, and Area Agency representatives. The topics addressed include descriptions of legislation and agencies involved in residential repair and renovation, such as the Community Development Block Grant Program (HUD), the Community Action Agencies (Community Services Administration), the Farmers Home Administration, the local Public Housing Authorities, neighborhood development associations, the Bureau of Indian Affairs, and the Federal Energy Administration. To increase staff awareness of the full scope of possibilities for program development, definitions are outlined for the various service components which may comprise a residential repair and renovation program. Three alternative models for program delivery are described: the construction model, the advocacy model, and the human service model. In addition, the role played by State and Area Agencies in residential repair and renovation services is depicted—their activities in program operations are described. Appendices contain suggested items for a survey of housing conditions, a home fire-safety checklist, and sample job descriptions and experience requirements. An annotated bibliography, some references, and a chart listing Federal funding sources for repair and renovation services are included. One of a series of service-specific Handbooks by the Administration on Aging.

335. Texas Advisory Commission on Intergovernmental Relations, Austin.
Implementation of Joint Funding and Grant Simplification for Regional and Local Human Service Programs.
Jun 78, 11p
SHR-0003049 Available NTIS PC $5.00/MF $3.50

In August 1977, the Texas Advisory Commission on Intergovernmental Relations (ACIR) began taking steps toward implementation of joint funding and grant simplification for regional and local human service programs. Work on the project resulted in three reports by the ACIR on action affecting these goals. The first evaluated the potential for use of the Federal Joint Funding Simplification Act of 1974 to facilitate the delivery of human services in the State. Secondly, the responses of state agencies to a survey requesting their views on consolidation of a large number of Federal categorical grant programs were summarized. Third, an intergovernmental brief presented a suggested standard form to be used by State agencies related to the administration of the grant-in-aid programs. Development of the reports involved interaction with a wide variety of State, regional, and local public and private agencies operating in the field of human services. According to this final report on the project, major objectives were accomplished. Investigation showed that alternatives to the Federal joint funding mechanism are

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being used and that, in numerous cases, these may be more appropriate to the Texas situation. (Author abstract modified). See also related document, SHR-0002952.

336. Thompson, Marie M.
National Association of Housing and Redevelopment Officials, Washington, DC.
Housing for the Handicapped and Disabled. A Guide for Local Action.
Mar 77, 182p Executive Summary available from PROJECT SHARE.
SHR-0002941 Available NTIS PC $12.00/MF $3.50

Local action guidelines are presented to aid individuals and groups involved in the development of residential living environments for persons with physical or mental handicaps. The specific focus is on persons who are physically handicapped, mentally retarded, or developmentally disabled. Community action has been significant in providing usable and accessible housing that is designed for the handicapped and located in residential sections. Housing for the handicapped is much more than a shelter, construction, or financing program. Providing living arrangements for the handicapped is essentially a service, and housing is the base from which other services vital to normalization must follow. One of the critical needs involves finding trained and skilled managers for large developments and small group homes. There are also issues to consider in relating functional disability and housing types as well as issues to examine in establishing eligibility for special housing assistance and services. Types of housing for handicapped persons include single-family homes, shared homes, individual or shared apartments, groups of individual apartments, dwellings in new apartment buildings, elderly housing projects, congregate housing, residential hotels, group homes, boarding homes, hostels, and foster homes. Three options are available to provide housing for the handicapped: (1) new construction; (2) purchase of an existing structure, with or without rehabilitation; and (3) leasing all or part of a structure. An analysis of the local market for specially-designed housing is an essential tool in determining the extent of need and demand in a given area. Consideration must be given to available resources in developing housing options and to housing site selection. Highlights of an architectural program for the handicapped are identified, as well as resident-oriented housing management and services. Footnotes by chapter and a bibliography are included, along with illustrations. Appendices contain further information on the 1976 Housing Authorization Act, HUD offices, State housing finance agencies, Farmers Home Administration offices by State, and States with departments of community affairs. See also companion document, SHR-0002942.

337. Thornton, Carol; Green, Debbi; and Liimatta, Sue.
Lenawee County Human Services, Adrian, MI.
Coordinating Human Services in Lenawee County.
Jul 78, 141p Executive Summary available from PROJECT SHARE.
SHR-0003100 Available NTIS PC $10.00/MF $3.50

This report delineates policies, proposed objectives, and activities that will encourage and assist public and private agencies in improving the delivery of services to Michigan's Lenawee county residents. The Lanawee County Human Services Pilot project was a local effort to improve the delivery of services through cooperation and coordination of public and private sector agencies. Emphasis was on the voluntary involvement of human service providers and the basic purpose of the project was to plan for maximum efficiency feasible in the delivery of countywide human services. The underlying premise of the project held that increased cooperation and coordination among human service providers would facilitate appropriate client utilization of services, reduce fragmentation and

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unnecessary duplication and increase the likelihood that human service dollars will be expended in an efficient and effective manner. Based on the data collected and analyzed at the completion of the project, unnecessary duplication of services did not appear to be a major problem in the county. However, fragmentation was identified as a primary barrier to the effective and efficient delivery of services, and the project staff identified a number of unnecessary duplications and introduced solutions to alleviate them (e.g., coordination of transportation and the human service directory). Most of the unnecessary duplication involved indirect or support services as opposed to direct services. The voluntary coordination of human service agencies was a slow process and many barriers had to be overcome before agency personnel were willing to cooperate with other human service providers. However, during the first year of the pilot project, human service providers began to cooperate with each other and address human service issues in a coordinated way. The two main levers the State government and agencies possess to foster cooperation among local human service agencies are funds and regulations. Extensive tabular data, questionnaires and responses, population projections, intake system study instruments, listings of agencies and staff, and organizational charts are included in the 13 appendices that accompany the report.

338. United Way of Summit County, Akron, OH. Planning Div.
Priorities Project Report.
27 Sep 78, 86p
SHR-0003117 Available from United Way of Summit County, P.O. Box 1260, 90 N. Prospect St., Akron, OH 44309.

The Priorities Project has been used as a tool by the volunteers of United Way of Summit County, Ohio, since 1974 to help determine allocations to affiliated agencies. The project aims at obtaining wide community participation in the development of an allocations system which enables response to the most important community needs. The priority-setting process and the results of the 1978 Priorities Project are included. The two major steps involved in determining service priorities are "describing services" and "assessing services." The information contained in each profile is as follows: (1) description of the service, (2) description of the problem or problems toward which the service is directed, (3) the amount of service available in the community, and (4) financial patterns. Profiles are written by United Way professional staff and are reviewed by all of the agencies in the community which provide the service. Using the profiles as the primary source of information, persons representing a broad cross section of the community assess and assign points to each service. Assessors make their best judgment with respect to three major criteria: (1) the extent of need for United Way funding, (2) the importance of the problem toward which the service is directed, and (3) the amount of service available in the community in relation to the need for it. Based on the assessments of the 217 assessors, an average, or mean score, was obtained for each service. The Priorities Committee members then proceeded to determine the appropriate break points which would enable them to classify the services into five priority groupings, with a "priority one" having highest priority for United Way funding and a "priority five" the lowest. Results of the process are reported for 1978. The appendices include service profiles, a sample assessment worksheet, a Priorities Project brochure, and a sample frequency distribution sheet.

339. United Way of Summit County, Akron, OH. Human Services Committee.
Proposal for Strengthening Personal Social Services in Summit County.
Aug 78, 38p
SHR-0003046 Available from United Way of Summit County, P.O. Box 1260, 90 N. Prospect St., Akron, OH 44309.

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On June 1, 1977, the United Way of Summit County, Ohio, entered into an agreement with the Summit County Council of Governments (COG) to study and recommend means of better coordinating the delivery of human services in the county. A joint 16 member COG–United Way Human Services Committee was formed comprised of public officials and business and civic leaders. The initial focus of the project was on "personal social services," which include family and child welfare, mental health, information and referral, and services for adolescents and the aged. The first stage of the Committee's investigation was in documenting the need to improve the coordination and delivery of these services in the county, for which purpose the experience of Columbus, Ohio, proved most helpful. Strong economic justification was noted in that workers are more productive and absenteeism is reduced when social service agencies are working effectively. The need for more coordination and planning was identified as a general problem confronting the existing social service organizations. Among other problems recognized was fragmented policy making, inability to forecast future needs, inadequate dollars available to meet human needs, and fragmented transportation systems. The Committee emphasized their intent to ensure that every dollar spent is providing maximum benefit. They realized that the best approach would be in the creation of a countywide organization to coordinate the planning of individual public and private social services agencies, and the establishment of both program and spending priorities on long–term and short–term bases; thus, the Metropolitan Human Services Commission of Summit County was formed. It is recommended that the Commission be broadly representative and that it be funded both by foundations and from Federal funds. The first step has been to bring the proposal to local decision-makers for their consideration and endorsement. Tables provide a list of committee members, define personal social services, describe the Columbus, Ohio Metropolitan Human Services Commission, and include letters and resolutions of endorsement.

340. University of Southern California, Los Angeles. Ethel Percy Andrus Gerontology Center.
Releasing the Potential of the Older Volunteer.
1976, 88p
SHR-0002493 Available from National Information Center on Volunteerism, P.O. Box 1807, Boulder, CO 80306.

Focusing on the Older Volunteer Program of the Ethel Percy Andrus Gerontology Center in Calif., this volume discusses the experiences of volunteers in the program and suggests methods of better utilizing volunteers. A description of the program's progress during its formative years, 1973–1975, is followed by a profile of members and a list of principles which underlie the successful meeting of volunteers. Procedures involving recruitment, orientation, and placement of volunteers are included, and a recording of volunteer / staff members speaking of their mutual experiences tells the story of the 40 men and women who initiated the program. The tasks which Andrus volunteers perform include the conducting of tours of the Andrus Center, participation in research activities conducted by gerontology students, publication of a monthly newsletter, organization of a speaker's bureau, and development of an experimental class on aging. The development of the Andrus Center is presented as a model for organizing similar programs in other types of organizations. Principles concerned with the worker, setting, and tasks are depicted as being universally applicable. Appropriate references are drawn from literature in the field, and key issues and potentials inherent in the use of older volunteers are noted. An appendix presents statistical data and organization charts relevant to phases of research described in the volume. References, a subject index, and a list of publications from the volunteer program are provided.

341. Wattenberg, Esther.
Minnesota Univ., Minneapolis. School of Social Work.
Characteristics of Family Day Care Providers: Implications for Training.
1977, 19p
SHR-0003122 Pub. in Child Welfare v56 n4 p211-229 Apr 77.

Focusing on a project in Ramsey County (St. Paul), Minn., to improve family day care, this article examines the characteristics of family day-care providers and the implications for training strategies. About 920 licensed family day-care providers participated in the project which established a resource center and developed a paraprofessional career position (family day-care consultant). Training options included credit coursework through the University of Minnesota, neighborhood discussion groups and formal classes, training seminars sponsored by local schools and the University, workshops on special topics, field trips, and home-based training conducted by paraprofessionals. Moreover, an incentive bonus of 50 cents per day per child was given to each family day-care provider who participated. Data were gathered from an evaluation report on the first television course, a project evaluation report, a survey by the Family Day Care Consultants, a report on peer learning, and quarterly project reports issued by the training project. Results of the project revealed that persons in home-based training and nonparticipants were unlikely to possess a driver's license, persons licensed as providers for less than 1 year were more likely to be home-based or low participants, individuals in home-based activities or low participation were more likely to have experienced instability in offering day care, persons with many children under their care had a high degree of participation in training, fewer participants in home-based training were ever employed outside the home, and persons who participated in out-of-house training were more likely to have visited the center. Implications of this demonstration program point out the need to develop training options that are diversified in both content and format and flexible in time to meet the preferences of the identified segments within the family day care population (the traditional woman, the modernized woman, the transitional provider, and the novice). Additional training strategies are outlined. Notes and references are provided, along with a brief description of the various modules in the Ramsey County Day Care Training Project.

342. Weissman, Harold H.
Hunter Coll., New York. School of Social Work.
Integrating Services for Troubled Families: Dilemmas of Program Design and Implementation.
Jul 78, 148p
SHR-0003125 Available from Jossey-Bass, Inc., Publishers, 433 California St., San Francisco, CA 94104.

A model for integrating and increasing the effectiveness of human services is described, based on the experiences of the Lower East Side Family Union (LESFU), a community-based, client-involved social services agency created in New York City in 1972 to prevent family breakup and the undesirable placement of children in foster care. A detailed history of this agency shows how integrated medical, legal, housing, mental health, substitute child-care, and other services reduce family stress and help families to prevent the conditions causing breakup. The agency's progress is traced from its beginnings through its planning, initiation, implementation, and institutionalization with particular attention to what problems emerge in each phase and how they were handled; how cooperation between professionals in different kinds of agencies (such as legal and public social agencies) was attained; how interdepartmental conflicts within agencies were minimized; how troubled families were engaged within the Family Union program; how social workers ensured that the integrated services were delivered to those families; and what results were achieved. The basic issues with

which LESFU grappled were decentralization of services; service delivery in terms of professional standards and general practice; family–support service systems; community involvement; career ladders for community residents and paraprofessional training, including university ties; and public–private relationships through contracts. The successes and failures of the LESFU project help to illustrate the kinds of knowledge required for predicting consequences of service delivery and what kinds of policy will best suit such a program. The general principles dealt with in this book for effectively designing human services programs, and the critical practices in program implementation that are identified, are shown to be adaptable to the needs of other clients requiring integrated services, such as the elderly, the retarded, and the mentally ill. References and an index are provided. One of the Jossey-Bass Social and Behavioral Science Series.

343. Welsh, Joyce C.
National Council on the Aging, Inc., Washington, DC.
Guidebook for Local Communities Participating in Operation Independence.
Jun 75, 59p
SHR-0003114 Available from the National Council on the Aging, Inc., 1828 L St., NW, Washington, DC 20036.

This account of Operation Independence by the National Council on the Aging, Inc. outlines the steps private and public organizations need to take to coordinate service delivery in their community to help the sick or frail aged live on their own. In Operation Independence, a coalition of community organizations is formed through the leadership of some organization already providing services for the aged or through the support of several local groups. Either way, groups invited to participate might include churches, council or city agencies on aging, housing authorities, school organizations, or senior citizen centers. At the initial meetings of the coalition, the following should be done: (1) decide upon the coalition's goals; (2) analyze the community's services for the target population; (3) determine the needs of the latter and whether the community meets them; (4) identify appropriate community resources; (5) set priorities of needs and problems for the target group; (6) organize task forces to plan projects determined by the coalition; and (7) set to work on the projects. An example of one such community coalition in Boulder, Colo., is presented. The case study describes how the coalition was established and what it has accomplished. This description is followed by advice and suggestions for a successful service, a list of selected services, and ideas for grouping services to work together to meet problems of the independent aged such as isolation and physical frailties. Appendices include a roster of national, regional, and State agencies involved in Operation Independence or delivering services to the elderly and a bibliography for those interested in helping the elderly live on their own. Names and addresses of the membership roster and of State and national agencies on the aging are included. A bibliography is also appended.

344. White, Virginia P.
City Univ. of New York. Graduate School and Univ. Center.
Grants. How to Find Out About Them and What to Do Next.
Sep 75, 354p
SHR-0003019 Available from Plenum Press, 227 West 17th St., New York, NY 10011.

For persons who have never applied for a grant or for those who have and want to know more, this volume, prepared by a professional grants administrator, explains the workings of the grant business—how to find out where the funds are and how to proceed in obtaining proper support for a project. General sources of information for all grantmaking sectors are described, and each sector is detailed. The material is arranged in order of grantmaking volume: government sources, by far the most abundant,

are followed by foundations, businesses, and industry. In addition, the application process is detailed. Grant seekers should examine libraries, institutional grants offices, subscription information services, workshops and institutes, and news media for basic sources of grant information. For government grant seekers, the DHEW has surpassed every other department of the Federal government in expenditures, including the Department of Defense. The HEW budget exceeds the total national budget of any nation outside the U.S., except possibly the Soviet Union. The major DHEW divisions that make grants to States and other government subdivisions and support biomedical and behavioral research and other activities at academic and nonprofit institutions are the Public Health Service, the Education Division, the Office of Human Development, and the Social and Rehabilitation Service. To learn more about government grants, the grant seeker should contact a local Federal Information Center, the Bill Status System (providing the latest information on appropriations bills in Congress), the U.S. Government Manual, the Federal Register, the Catalog of Federal Domestic Assistance, the Commerce Business Daily, or various periodical publications with information on Federal grant programs. Proposal writing and the art of "grantsmanship" are described. Definitions of types of grants, U.S. Federal Agency acronyms, and lists of DHEW Regional Offices and Public Health Service Programs are some of the material found in appendices to this comprehensive volume.

345. Van Why, Elizabeth Wharton.
Open Door Society of Connecticut, Inc., Hartford.
Adoption Bibliography and Multi-Ethnic Sourcebook.
1977, 320p
SHR-0002956 Available from Open Door Society of Connecticut, Inc., P.O. Box 478, Hartford, CT 06101.

This two-part volume—published by the Open Door Society of Connecticut, an adoption parent group concerned with adoption of blacks, older children, siblings, handicapped children, intercultural adoptions, and single parent adoptions, contains an annotated bibliography on adoption and a multiethnic sourcebook for families that have adopted a child of another race or culture. The bibiliography cites articles, fiction and nonfiction, dissertations, personal narratives, children's books, audiovisual materials, periodicals, and other bibliographies that deal with all aspects of adoption, including legal and practical issues, adjustment of the child and the parents, transracial and intercultural adoption, health issues, and the role of public service institutions. Most entries are dated between 1965 and 1976. The multiethnic sourcebook lists suppliers of toys, games, instructional materials, books and other materials as well as workshops, programs, and services directed at or reflecting nonwhite races and nonnative American cultures. These materials for the transracial and intercultural adoptive family are aimed both at children and adults; some are bilingual. Also contained in the volume are a description of the 1977 Connecticut legislation on adoption, a list of multiracial books for children, definitions and titles of statistical tables on child welfare and adoption, a list of library and information sources for adopting families in Connecticut, the addresses of publishers whose materials appear in the bibliography, and a periodical and ethnic index.

346. Wickey, Jane M.; and Hartman, Barbara L.
Models of Delivery Systems, Inc., Glen Burnie, MD.
Let Us Catch Ourselves a Villain. A Search for a Better Service Delivery System.
1977, 31p
SHR-0003124 Available from Models of Delivery Systems, Inc., P.O. Box 403, Glen Burnie, MD 21061.

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Coalition building in a local jurisdiction for the purpose of bringing individuals or representatives of groups together to pursue a common goal is a feasible, effective method of developing better delivery systems. Anyone can set up a coalition, if certain criteria are met. Basic elements are necessary, however, for the coalition to be successful. The support of a local group in the community which has a reputation for accomplishment is vital, (i.e., the Parent–Teachers Association, professional groups, the Junior League). The group must include established members of the community, members who are knowledgeable about community structure and character. Moreover, the coalition should have the "ear" of the chief executive of the county, town, or community. The group must also be prepared to spend time and energy in meetings before the coalition is actually implemented, and the interests of the coalition must be held above any individual interests, including those of the founder. If a group is sponsoring a coalition, they should select a chairman from outside the group to reduce potential conflicts of interest. Statewide coalitions should confine representation of agencies at the State level. In regard to regional coalitions, the chances for success are better if local coalitions within the region are first well established, and communications between them are working effectively.

347. Worthington, Mark D.; and Lynn, Laurence E.
Incremental Welfare Reform: A Strategy Whose Time Has Passed.
1976, 32p
SHR-0002987 Pub. in Public Policy v25 n1 p49-80 Winter 1977.

It is believed that a careful exposition of the issues raised by advocates of piecemeal welfare reform will make more convincing the case for a comprehensive overhaul of income assistance programs. Under the existing program structure, the low–income population can, for the purposes of analysis, be divided into three major categories of people whose needs are met by three clusters of programs: (1) the aged, blind, and disabled; (2) single–parent families; and (3) working or employable individuals and childless couples as well as two–parent families with working or employable heads. Most incrementalists are content to leave this population and the program clusters alone. At one time it was hoped that social security, through expanded coverage and increased benefits, would eventually displace the need for means–tested cash assistance among this population. However, it is agreed that residual poverty among the aged, blind, and disabled is unavoidable in the absence of an income–tested program. While past incremental reforms have improved the adequacy of benefits, they have exacerbated the problems of inequity and inefficiency. Moreover, incremental reforms offer no hope for improving the coherence of control of the growing number of welfare and social insurance programs. Therefore, the replacement of the existing welfare programs with a fully integrated tax and transfer system is favored. The model suggested is the Friedman negative income tax. The tax–exempt income level would be raised to provide a common standard for taxation and assistance. A standard of $8,000 for a household of four is recommended. Any assistance from programs not eliminated would be offset by reductions in payments to negative income tax recipients. In this way, duplication of benefits would be avoided and horizontal equity assured. With a unified assistance program, other national policies could be determined without the often distorting consideration of the potential impact on the low–income population. The universal negative income tax should not distinguish among categories of the low–income population; such distinctions are unfair and unwise. It is essential that the issues of reform not be separated into mutually exclusive packages of incremental and comprehensive reform. Footnotes are included.

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348. Young, Mary E.
National Technical Information Service, Springfield, VA.
Day Care Centers. Part 1: Children and Youth.
Jun 78, 95p
PS-78/0520 Available NTIS PC $8.00/MF $3.50

This published search, conducted between 1964 and May 1978, was prepared by information specialists at the National Technical Information Service (NTIS) of the Department of Commerce from its online interactive bibliographic retrieval system. Centers which have programs for daily care of children and youth are described in the reports cited in the bibliography. Subjects discussed in the documents listed are centers for the care of infants and children of working mothers, counseling services for delinquent or disturbed youth, and day care for handicapped children not requiring institutionalization. Abstracts are provided for each of the 91 documents cited. Most documents cited are available from the National Technical Information Service, and where this is not so, the source where the document may be obtained is noted. Some information is provided about NTIS and its operation and about how to conduct NTIS searches. NTISearch from 1964 to May 1978. See also Part 2, PS-78/0521.

349. Young, Mary E.
National Technical Information Service, Springfield, VA.
Day Care Centers. Part 2: Adults.
Jun 78, 45p
PS-78/0521 Available NTIS PC $6.00/MF $3.50

This published search, conducted between 1964 and 1978, of literature on adult care centers was prepared by information specialists at the Department of Commerce National Technical Information Service (NTIS). Although the documents are primarily concerned with the care of the elderly, programs for the retarded and handicapped are also provided. Issues targeted in the 40 documents cited include guides and procedure manuals for the development and operation of adult day care centers, alternatives to institutionalization for both elderly adults and mentally or physically handicapped adults, working with the family as part of adult day care, evaluating adult day care centers, licensing standards of day care centers, and innovative approaches in adult day care. The bibliography has abstracts. Most documents cited are available from NTIS; background material on NTIS and a user's guide are provided. NTISearch from 1964 to May 1978. See also Part 1, PS-78/0520.

350. Zimmerman, Shirley L.
Minnesota Univ., Minneapolis. Family Study Center.
Reassessing the Effect of Public Policy on Family Functioning.
1978, 7p
SHR-0003161 Pub. in Social Casework p451-457 Oct 78.

This report reviews research on the implications of functions families perform on social policy, planning, and practice. Studies have shown that the family's economic product consists of in-kind intrafamily transfers which dwarf the explicit transfers of government to family members through such mechanisms as social security and education. In terms of social care functions, families have been shown to provide for their elderly and handicapped members far better than the State has; for this reason, increased governmental expenditures for the elderly should be seen as a direct result of the increased numbers of elderly in the population, as well as of increased recognition of their needs. Also, families appear to prefer informal family-like arrangements for child care to formally organized day-care centers sponsored by government and community agencies, and tend to seek out each other for solutions or remediations of personal problems. That families also perform functions for their members who are mentally ill can be shown in the rise in public

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policies, such as deinstitutionalization and community–based treatment programs. The burden experienced by families because of socially dependent members varies both according to the objective or actual hardship such members impose on the family system and to the meaning families attach to such hardship. Although conclusions show that the social cost of psychiatric care in the community–based programs is higher than in hospital–based programs, the study revealed that extrasupportive services to families and their mentally ill family members help to mitigate the harmful effects of the community–based programs, families prefer to care for their mentally ill member in their own home, and families are more prone to perform critical maintenance, social, psychological, and economic functions in the home rather than to place a mentally retarded or physically handicapped child in an institution. It is concluded that family–related variables are more important in accounting for family well–being and individual success than public policies and programs of welfare and education. Therefore, programs should be developed in full recognition of the primacy of the family over other social institutions in affecting the lives of individual family members. Community–based treatment programs can increase family burden under certain conditions, but only when they provide extra support services. Notes are provided.

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